



Waitemata
District Health Board
Best Care for Everyone

Disability Support Advisory Committee Meeting

Wednesday, 29 March 2017

1.30pm

**Terrace Boardroom
Auckland Deaf Society
164 Balmoral Road
Balmoral, Auckland**

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Published 22 March 2017



Waitemata
District Health Board
Best Care for Everyone

Agenda

Disability Support Advisory Committee

29 March 2017

Venue: Auckland Deaf Society, Terrace Boardroom,
164 Balmoral Road, Auckland

Time: 1.30pm

<p>Committee Members Jo Agnew (Chair) Michelle Atkinson Edward Benson-Cooper Matire Harwood (Deputy Chair) Robyn Northey Allison Roe</p>	<p>Auckland DHB and Waitemata DHB Staff Dr Dale Bramley Chief Executive Officer Waitemata DHB Ailsa Claire Chief Executive Officer Auckland DHB Samantha Dalwood Disability Advisor Waitemata DHB Kim Herrick Organisational Development Practice Leader, Auckland DHB Dr Debbie Holdsworth Director of Funding Auckland and Waitemata DHBs Fiona Michel Chief Human Resources Officer, Auckland DHB Kate Sladden Funding and Development Manager, Health of Older People Michelle Webb Corporate Committee Administrator Sue Waters Chief Health Professions Officer Tim Wood Funding and Development Manager, Primary Care (Other staff members who attend for a particular item are named at the start of the respective minute)</p>
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Apologies Members: Nil.

Apologies Staff: Dale Bramley.

Agenda

Please note that agenda times are estimates only

- 1.30pm 1. Attendance and Apologies**
- 2. Register and Conflicts of Interest**
Does any member have an interest they have not previously disclosed?
Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
- 1.35pm 3. Minutes 16 November 2016**
- 1.40pm 4. Action Points**
- 1.50pm 5. CHAIR’S REPORT**

- 5.1 The Authority of a Statutory Committee (information item)
- 5.2 Disability Support Advisory Committee Terms of Reference
- 5.3 Draft Work Programme for 2017 (discussion item)
- 5.4 Draft Future Agenda Outline (discussion item)
- 5.5 The Role of the Disability Support Advisory Committee in DHB Submissions to Government (discussion item)
- 5.6 Senior Staff Supporting the Disability Support Advisory Committee
- 3.00pm 6. STANDARD REPORTS**
- 6.1 New Zealand Disability Strategy 2016 to 2026
- 6.2 Final Report: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs
- 3.25pm 7. INFORMATION REPORTS**
- 7.1 Ministry of Health Disability Sector Update (newsletter)
- 3.40pm 8. General Business**

Next Meeting:	Wednesday, 21 June 2017 at 1.30pm Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland
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Attendance at Disability Support Advisory Committee Meetings

Members	13 July 16	24 Aug. 16	16 Nov. 16	29 Mar. 17	21 Jun. 17	13 Sep. 17	06 Dec. 17
Jo Agnew (Chair)	1	1	1				
Max Abbott	1	x	1				
Michelle Atkinson	n/a	n/a	n/a				
Judith Bassett	x	1	1				
Edward Benson-Cooper	n/a	n/a	n/a				
Matire Harwood (Deputy Chair)	n/a	n/a	n/a				
Marie Hull-Brown	x	x	1				
Sandra Coney	1	#	1				
Jade Farrar	1	1	x				
Dairne Kirton	1	1	1				
Lester Levy	x	x	x				
Jan Moss	x	1	x				
Robyn Northey	1	1	1				
Allison Roe	n/a	n/a	n/a				
Russell Vickery	1	1	x				
Shayne WiJohn	1	x	x				
Key: x = absent, # = leave of absence, c = meeting cancelled							

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legislation.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

Register of Interests – Disability Support Advisory Committee

Member	Interest	Latest Disclosure
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)	17.01.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited	17.01.2017
Edward BENSON-COOPER	Chiropractor – Milford, Auckland (with private practice commitments)	15.03.2017
Matire HARWOOD	Senior Lecturer – Auckland University Board Director – Health Research Council Director – Ngarongoa Limited, which is contractor providing services to National Hauora Coalition. GP at Papakura Marae Health Clinic Advisory Committee Member – State Foundation NZ (Maori Health) Member Te Ora, Maori Medical Practitioners	15.03.2017
Robyn NORTHEY	Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Member – New Zealand Labour Party Husband - member Waitemata Local Board Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Community Housing Foundation	22.02.2017
Allison ROE	Chairperson – Matakana Coast Trail Trust Member - Rodney Local Board, Auckland Council	15.03.2017



Waitemata
District Health Board
Best Care for Everyone

Minutes Disability Support Advisory Committee Meeting 16 November 2016

Minutes of the Disability Support Advisory Committee meeting held on Wednesday, 16 November 2016 in the Auckland Deaf Society Terrace Boardroom, 164 Balmoral Road, Auckland commencing at 1.30pm

<p>Committee Members present Sandra Coney (Chair) Max Abbott [arrived during Item 3] Jo Agnew (Deputy Chair) Judith Bassett Marie Hull-Brown [arrived during Item 8] Dairne Kirton Robyn Northey</p>	<p>Auckland DHB and Waitemata DHB Staff present Samantha Dalwood Disability Advisor Waitemata DHB Kim Herrick Organisational Development Practice Leader, Auckland DHB Dr Debbie Holdsworth Director of Funding – Auckland & Waitemata DHB Turuhira Irwin Strategy Intern, Communications Kate Sladden Funding and Development Manager, Health of Older People, Waitemata DHB Sue Waters Chief Health Professions Officer Marlene Skelton Corporate Business Manager Michelle Webb Corporate Committee Administrator</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>
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1. ATTENDANCE AND APOLOGIES

The apologies of members Jade Farrar, Lester Levy, Jan Moss, Russell Vickery and Shayne WiJohn were received.

The apologies of senior executive staff member Ailsa Claire were also received.

The Chair introduced Kim Herrick, new Organisational Development Practice Leader Auckland DHB to the Committee and welcomed her to the meeting.

The meeting commenced inquorate but with the arrival of Max Abbott during the confirmation of the minutes, was able to pass resolutions.

2. CONFLICTS OF INTEREST

Dairne Kirton stated that her role as Mentor for the “Imagine Better Raise Your Bar Project” had concluded and could be removed from the register.

3. CONFIRMATION OF MINUTES 24 August 2016 (Pages 8 to 23)

[Secretarial Note: Max Abbot jointed the meeting at 1.41pm. A quorum for decision making was established].

Resolution: Moved Jo Agnew / Seconded Judith Bassett

That the minutes of the Disability Support Advisory Committee meeting held on 24 August 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 24 to 25)

The Chair queried the status and delay relating to the proposed new Disability Support Advisory Committee Terms of Reference and was advised that the matter remained with the Board Chair. It was anticipated that the draft Terms of Reference would be re-initiated once the new Board term commenced.

Marlene Skelton, Corporate Business Manager undertook to remind the Board Chair that this Disability Support Advisory Committee had recommended that the Terms of Reference required review and that this issue currently remained with the Board Chair for action.

Action:

That the Corporate Business Manager remind the Board Chair that this Disability Support Advisory Committee had recommended that the terms of Reference required review and that this issue currently remains with the Board Chair for action.

4.1 Correspondence with Office for Disability - Issues regarding Disability Data Evidence Working Group (Pages 26 to 29)

The Chair noted that the opportunity to provide comment on the draft Enduring Questions consultation document had come to the attention of the Committee at short notice so there had not been appropriate time to make a submission.

Correspondence sent to the Office for Disability Issues on behalf of the Auckland Metro Disability Support Advisory Committees seeking engagement with the Disability Data and Evidence Working Group had been positively received and provided the opportunity for involvement in the public consultation process.

Resolution: Moved Sandra Coney / Seconded Jo Agnew

That the Disability Support Advisory Committee:

- 1. Receives the report.**
- 2. Notes the correspondence sent to the Office for Disability Issues regarding the Draft Enduring Questions consultation and Disability Data and Evidence Working Group, and the response letter received.**

Carried

5. CHAIR'S REPORT

The Chair provided a verbal update on activities she had undertaken since the last meeting.

Health and Safety: The Chair participated in the Waitemata DHB Health and Safety visits programme and observed that security for staff was a key area of focus.

Sandra commented that there is a need to maintain an overview of current improvement projects to prevent the measures implemented to keep staff safe creating access barriers for disabled people.

Two examples where recent building modifications to increase staff safety had resulted in accessibility issues for disabled people were given. Management advised that these issues were known and actions to resolve them were scheduled.

It was confirmed that the Waitemata DHB Disability Advisor was now consistently involved in these plans at the concept design stage to prevent such issues arising and allowing future modifications to meet accessibility criteria.

Sue Waters, Chief Health Professions Officer added that Auckland DHB tried to maintain a high level of environmental design awareness and remain cognisant of the need to balance security, safety and accessibility.

The Chair also commented on the reported escalation in aggressive incidents towards staff, in particular, ambulance staff whom are often exposed to risk. There was the potential that changes made for security reasons could create barriers for people with disabilities. The Committee was advised that the Workplace Violence and Aggression processes in place as part of the Auckland DHB Security for Safety Programme addressed prevention and management of such situations. Deterrent strategies are also being further investigated as international trends had moved toward the use of camera surveillance rather than the use of protective equipment or the placement of physical barriers.

Falls Prevention: The Chair informed that she had viewed some new equipment to support falls prevention.

Digital Accessibility: The Chair met with the Waitemata DHB Communications Director regarding website accessibility and solutions.

That the Chair's Report for November 2016 be received.

6. IMPROVEMENT ACTIVITIES (Pages 30 to 44)

6.1 Health of Older People Quarterly Report on Activities in Auckland and Waitemata DHBs (Pages 30 to 36)

Kate Sladden, Funding and Development Manager Health of Older People spoke to the report highlighting the following issues detailed within the report:

- The regularised workforce virtual pilot.
- InterRAI performance and the new Ministry of Health measure for the Long Term Care Facility for 2016/17.
- The results of the 2015/16 Aged Related Residential Care audits.
- The Age Related Residential Care Agreements Review for 2017/18 and concerns raised at a national level regarding the supply of standard rooms in new builds in the Auckland and Waitemata DHB region.

Matters covered in discussion of the report and in response to questions included:

- Judith Bassett raised a concern regarding the number of corrective actions reported on page 31 of the agenda and was advised that the figures reflect the corrective actions per quarter and that a return by one facility had inflated the figure reported.

- The InterRAI figure in Appendix 1 on page 32 of the agenda which states that 97% of older people have no documented Advanced Care Plan was questioned. It was advised that this could potentially be attributed to the need for greater promotion/support of advanced care planning, however current uptake of Aged Care Planning is low. The characteristics of older people in the Northern Region who have received an interRAI Home Care Assessment will be included in future reporting to the Committee. Currently Waitemata and Auckland DHBs measure only complex clients however some other DHBs measure both complex and non-complex so their results will differ affecting benchmarking between DHBs.
- Advice was provided that the ratio of premium beds in new build Aged Related Residential Care facilities had increased. In the future this could make it difficult for residents to find standard rooms. Facilities holding a below 90% occupancy must accept a resident; a facility above 90% occupancy has the ability to ask the patient to investigate other facilities within a 10km radius. There is potentially an added difficulty where niche facilities catering to an ethnicity also exist within that radius again reducing the suitable pool of facilities.

Resolution: Moved Sandra Coney / Seconded Jo Agnew

That the Disability Support Advisory Committee receives the Health of Older People Report for November 2016.

Carried

6.2 Progress Update: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs (Pages 37 to 44)

Samantha Dalwood, Disability Advisor Waitemata DHB asked that the report be taken as read, inviting questions from the Committee and highlighting that:

The previous New Zealand Disability Strategy remains in force until the new strategy is approved by Government. This is anticipated to be on 3 December 2017, the International Day of Persons with Disabilities.

Matters covered in discussion of the report and in response to questions included:

- Advice that the Health Literacy project is a joint piece of work. Current activity is internal to DHBs at a high level. The Steering and Working groups have senior leadership membership from both Auckland and Waitamata DHBs.
- Comment that the Health and Safety Quality Commission had completed a survey on how widely the Health Passport was being used which indicated low uptake. The slow progress with implementation of the Health Passport related to:
 - Low levels of staff awareness resulting in intermittent use
 - Limited promotion of the initiative by the Health and Disability Commission
 - The ability of patients to remember to bring the document with them when attending hospital
 - Whilst the passport is initiated by the GP and in the community, its use relies on the patient

Sue Waters commented that the passport is most useful in Emergency Department admissions as it provides better quality of information to treat and respond with. A paper version was preferred for portability and speed of access. It was agreed that this topic be revisited at a future DSAC meeting.

The Chair and Committee formally acknowledged the good quality of the Progress Update Report and the clear information provided.

Action:

That information on progress towards achieving increased use of Health Passports be provided to a future Disability Support Advisory Committee meeting.

Resolution: Moved Robyn Northey / Seconded Dairne Kirton

That the report Progress Update: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs for November 2016 be received.

Carried

7. PAPERS (Pages 45 to 70)

7.1 Disability Survey Update – Statistics New Zealand (Pages 45 to 70)

Samantha Dalwood, Disability Advisor Waitemata DHB spoke to the report highlighting that feedback had been provided to Statistics New Zealand on the data and evidence needs relating to disabled people in New Zealand and that DHBs were now connected with the consultation process.

Matters covered in discussion of the report and in response to questions included:

- Advice that at the draft Enduring Questions consultation workshop in August, Statistics New Zealand had communicated its intent to investigate how questions about disability can be included in other work they undertake. They are considering what information is needed and how that information would be used. Statistics New Zealand acknowledged that people were unhappy with the lack of consultation and that going forward they will ensure there is consultation with the disability sector.

Members noted that the questions asked by Statistics New Zealand in the census relating to disability were not designed for data collection purposes but to obtain a sample of the disability population for the Disability Survey in 2023.

It was commented that other organisations conducting surveys may be open to including disability questions if appropriate to their research. This type of information is useful for planning and decision making about lives people lead in the community.

Resolution: Moved Robyn Northey / Seconded Dairne Kirton

That the Disability Support Advisory Committee receives the Disability Survey Update – Statistics New Zealand report.

Carried

8. GENERAL BUSINESS

Homecare Support Service

Clarification was provided regarding the difference between Disability Support Services funded by the Ministry of Health and the services provided in Older Peoples Health Service by the DHBs. It was highlighted that homecare support services provided by DHBs are based upon a policy of reablement and maximising independence. Services are provided relating to

need and reduced as those needs reduce.

[Secretarial note: Marie Hull Brown joined the meeting at 2.30pm].

Alarm systems and the hearing impaired

The Chair queried how the safety of hearing impaired people was ensured in the event of alarm activation within hospitals and clinics. It was advised that there are established processes and procedures in place as part of the health and safety system as well as organisational emergency plans. These include a range of alert mechanisms such as red flashing lights for visual cues and wardens allocated to provide assistance to people with disabilities.

Formal thanks to Committee members and officers

The Chair commented that this was the last meeting of the term and thanked committee members and officers for their contribution over the past 3 years. Members were thanked for their commitment and the expertise that each brought to the table. Appreciation was also expressed to staff for the improved quality of reports and information provided. The Corporate Business Manager and Corporate Committee Administrator were thanked for their support. It was agreed that a formal note of thanks reflecting these sentiments be sent to those attendees whom were absent from today's meeting.

Action:

That a formal note of thanks be sent to those attendees whom were absent from today's meeting.

The meeting closed at 2.37pm.

Confirmed and signed as true and correct record of the Disability Support Advisory Committee meeting held on Wednesday, 16 November 2016 by the Chairperson and Chief Executive under Standing Order 2.12.2.

Chair: _____ Date: _____
Sandra Coney

Chief Executive: _____ Date: _____
Ailsa Claire

Action Points from Previous Disability Support Advisory Committee Meetings

As at Wednesday, 29 March 2017

Meeting and Item	Detail of Action	Designated to	Action by
3 Jun 2015 Item 8.1 And 9 Mar 2016 Item 4 And 16 Nov 2016 Item 4	<ol style="list-style-type: none"> 1. Disability Support Advisory Committees' Terms of Reference 2. Advise the Minister of Health of the proposed amendments to the Committees' Terms of Reference. 3. Subject to the Minister of Health's agreement to the proposed amendments to the Committees' Terms of Reference, submit the draft paper to the Auckland and Waitemata District Health Board Boards. 4. That the Committee Secretary seek an update on the status of the Disability Support Advisory Committee Terms of Reference from the Board Chair and report back to the June Committee Meeting. <ol style="list-style-type: none"> 1. That the Corporate Business Manager remind the Board Chair that this Disability Support Advisory Committee had recommended that the terms of Reference required review and that this issue currently remains with the Board Chair for action. 	<p>Chair of Auckland and Waitemata Health Boards</p> <p>M Skelton</p>	<p>On hold</p> <p>29 March 2017 – on hold</p>
3 Jun 2015 Item 8.2	<p>Update on Collation of Statistic that Identify People with Impairments</p> <p>That the Auckland Metro DiSAC groups recommend to their Boards that:</p> <ol style="list-style-type: none"> 3.1 The same method of data collection be employed across the three regional DHBs 3.2 They investigate processes for the collection of the identified data about staff with disabilities. 3.3 A small working party be established representing the three DHBs to establish guidelines relating to the collection of data to support the DHBs to be good employers of people with disabilities. <p>Passed: Auckland DHB on 3 August 2016 Counties Manukau DHB on 7 September 2016 Waitemata DHB on 14 December 2016</p>	F Michel	<p>Ongoing</p> <p>Discussion held between Committee Secretaries of ADHB & CMDHB on proposal to action. To be considered by DSAC Chair and Chief Human Resources Officer</p>

16 Nov 16 Item 6.2	<p>Progress Update: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs</p> <p>That information on progress towards achieving increased use of Health Passports be provided to a future DSAC meeting.</p>	S Dalwood	29 Mar 2016 – Completed (refer to item 6.2 of this agenda)
16 Nov 16 Item 8	<p>General Business</p> <p>That a formal note of thanks be sent to those attendees whom were absent from today’s meeting.</p>	S Coney, M Webb	5 Dec 2016 - Completed

Disability Support Advisory Committee Chairs Report

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the Disability Support Advisory Committee Chairs report for March 2017.**
2. **Discusses the future direction and areas of focus of the Disability Support Advisory Committee**
3. **Agrees on an appropriate reporting framework and work programme that supports and enables the Board to achieve outcomes that increase access to healthcare services and improve health outcomes for disabled people in the Auckland region.**

Prepared by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC	Disability Support Advisory Committee
TOR	Terms of Reference
NZDS	New Zealand Disability Strategy
DAP	Disability Action Plan

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	The DHBs commitment to its communities, patients and families aligned to the specific outcomes of the New Zealand Disability Strategy 2016 to 2026 will be reviewed and monitored, and advice will be given to the Boards on how they can effectively meet their responsibilities towards the government's vision and strategies for people with disabilities.
Intelligence and insight	The focus and work programme of the Disability Support Advisory Committee will be based on the disability support needs of the resident population of Auckland and Waitemata DHBs and the strategic priorities for giving action to the outcome areas of the New Zealand Disability Support Strategy 2016 to 2026.
Outward focus and flexible service orientation	The Committee will focus on strategies and provision of advice that will reduce inequalities in health outcomes for disabled people. It will develop and maintain stakeholder relationships to promote an inclusive healthcare environment that maximises health outcomes for disabled people in the region.

1. Executive Summary

The Disability Support Advisory Committee has entered a new term as at 5 December 2016. In order to set the direction for the Committee and support development of an appropriate work programme for the new term, it is recommended that the Terms of Reference and specific responsibilities set out within them are used to guide planning for future meetings.

This should be further informed by the recently launched New Zealand Disability Strategy 2016 to 2026 and the outcomes and priorities specified in the Disability Action Plan once it has been updated to align to the new Disability Strategy.

The new strategy, action plan and responsibilities of the committee as set out in the Terms of Reference provide the opportunity to consider a new reporting framework that will enable the Committee to function effectively, and to provide advice to its Boards that results in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.

Previous meetings of the DiSAC have experienced challenges with attendance, and at times have become operationally focused. In order for the Committee to be effective it needs to ensure it is focussing at the right level and that the right people are at the table.

2. Key Guiding Documents

Terms of Reference

The Terms of Reference for the Disability Support Committee set out the responsibilities and authorities of the Committee. They have been enclosed in this agenda to support discussions about developing a work programme for the Committee for 2017.

New Zealand Disability Strategy 2016 to 2026

A new Disability Strategy was launched by the Minister for Disability Issues on 29 November 2016 and replaces the version previously being implemented by the DHBs.

The new strategy has been enclosed in this agenda to support discussions about developing the Committee work programme for 2017 and to signal that an implementation plan for Auckland and Waitemata DHBs will need to be developed.

Disability Action Plan

The Disability Action plan is being updated to align with the new Disability Strategy. There will be public consultation on the draft Outcomes Framework and the updated Disability Action Plan in mid-2017.

District Health Boards Annual Plans

The draft 2017 to 2018 Annual Plans have a specific section on Disability Support Services, and have been aligned with the objectives of the New Zealand Disability Strategy 2016 to 2026. There are internal work streams across each DHB responsible for the key response actions to deliver improved performance against the government planning priorities.

3. Strategic Topics of Potential Focus

In considering the responsibilities of the Committee, both the objectives and priorities of the New Zealand Disability Strategy as well as the undertakings committed to by the Auckland and Waitemata DHBs, the following topics could be included in the DSAC work programme for 2017.

Outcome 3: health and wellbeing

- Service accessibility

Outcome 5: accessibility

- Access to information (and meeting the requirements of the UNCRPD), communication methods and formats.
- Environmental accessibility, access standards and compliance

Outcome 6: attitudes and Outcome 2: employment and economic security

- Staff awareness and responsiveness
- Use of disability surveys to contribute to policy work, service development and monitoring
- Data collection – collection and use of relevant information about disabled people and disability issues

4. Conclusion

I am keen to open discussion now with the Committee to determine its future direction and areas of focus. Furthermore I would like to achieve agreement on the appropriate reporting framework for a 2017 work programme. This framework should support and enable the Board to achieve outcomes that increase access to healthcare services as well as improve health outcomes for disabled people in the Auckland region.

Authority of a Statutory Advisory Committee

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the Authority of a Statutory Advisory Committee report.**
 2. **Notes that the function of advisory committees is to provide advice and recommendations to the Board for consideration and decision**
 3. **Notes that advisory committees focus purely on the strategic aspects of the DHB**
 4. **Notes that advisory committees have no delegated decision-making powers.**
-

Prepared by: Michelle Webb (Committee Secretary)

Endorsed by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC Disability Support Advisory Committee

1. Executive Summary

The Boards rely on the DSAC to provide advice and recommendations relating to the areas of focus specified in the Terms of References for the Committee that result in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.

Advisory Committees are established by and accountable to the Boards. Advisory committees bring recommendations to the Board for consideration and final approval or refusal. The Committees role is advisory only and has no decision-making powers.

2. Background

The New Zealand Public Health and Disability Act requires each District Health Board to establish three advisory committees. The Disability Support Advisory Committee (DSAC) is one of these three statutory advisory committees.

A DHB has three advisory committees which typically consist of both members of the public and board members of the DHB. These committees provide a key means for community voices to be heard. The role of an advisory committee is to support the Board by providing advice and make recommendations. The advisory committees bring recommendations to the Board for consideration and final approval or refusal.

3. Authorities of Advisory Committees

No decision-making powers are delegated to Advisory Committees so they cannot make decisions. This is outlined in the Terms of Reference for each advisory committee, as follows:

Relationship with Boards and Management

- (a) *The Committees are established by and accountable to the Boards. The Committees' role is advisory only, and unless specifically delegated by a Board from time to time in accordance with clause 39(4) of Schedule 3 of the Act, no decision-making powers are delegated to the Committees.*
- (b) *The Committees shall receive all material and information for review or consideration through the respective Chief Executive Officers.*
- (c) *The Committees shall provide advice and make recommendations to the Boards only.*

Advisory committees have no power to veto, instruct or direct. Instead, they are relied upon to review, monitor and advise on strategies, policies, planning and reporting and to develop and maintain relevant stakeholder relations.

The Disability Support Advisory Committees (DSAC) are established by the boards of the Auckland District Health Board ("ADHB") and Waitemata District Health Board ("WDHB") under section 34 of the New Zealand Public Health and Disability Act 2000 ("Act"). While constituted as each Board's separate DSAC they meet and act as one committee.

The Committees must also comply with the standing orders of the Auckland and Waitemata DHBs based on the model standard Standing Orders.

4. Conclusion

The Disability Support Advisory Committee is a statutory committee of the Auckland and Waitemata DHBs. Its role is advisory and as such has no power of decision making and cannot instruct the DHBs to act.

The Boards rely on the DSAC to provide advice and recommendations relating to the areas of focus specified in the Terms of References for the Committee that result in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.

Disability Support Advisory Committee Terms of Reference

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the Disability Support Advisory Committee Terms of Reference.**
2. **Notes the responsibilities of the Disability Support Advisory Committee as per the Terms of Reference.**
3. **Considers and discusses whether the Terms of Reference require amendment.**

Prepared by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC	Disability Support Advisory Committee
TOR	Terms of Reference

1. Executive Summary

The Terms of Reference and specific responsibilities set out within them should be used to guide planning for future meetings. This will enable the Committee to ensure it is meeting its responsibilities to the Boards, and assist with ensuring that the disability support needs of the resident population of Auckland and Waitemata DHBs are met.

2. Overview

Function of the Committee

The Terms of Reference for the Disability Support Advisory Committee outline the function of the Committee as being to provide advice to the Board on:

- (a) The disability support needs of the resident population of Auckland and Waitemata DHBs
- (b) Priorities for use of disability support funding provided

In order to do this, the DSAC needs to review and maintain oversight of the following:

- Service performance
- Strategy and policy development and implementation
- Annual planning
- Prioritisation of funding
- Service access
- Service coordination
- Stakeholder relations

Responsibilities of the Committee

The specific responsibilities of the Committee are to review and provide advice to the Board on the following:

RESPONSIBILITY	OUTCOME REQUIRED
<p>Performance</p> <ul style="list-style-type: none"> • Performance of disability support services for Auckland and Waitemata DHBs • Performance against Annual Plan targets, accountability documents, standards and legislation 	<p><i>The DSAC will ensure that disability support services provided by (or that could be provided by) Auckland and Waitemata DHBs promote the inclusion and participation of disabled people in society, and maximise their independence</i></p>
<p>Strategy and policy development and implementation</p> <ul style="list-style-type: none"> • Strategies and policies being developed related to disability support services, disability issues and health service provision • The impact on Auckland and Waitemata DHBs of the development and Implementation of regional and national policies relating to disability issues • Processes required to enable the inclusion and participation of Maori and Pacifica peoples with disabilities in development of strategies for health improvement 	<p><i>The DSAC will ensure that all policies Auckland and Waitemata DHBs (and Counties Manukau DHB) have adopted or could adopt, promote the inclusion and participation of disabled people in society, and maximise their independence</i></p>
<p>Annual planning</p> <ul style="list-style-type: none"> • Annual Plan development, consultation and processes and ensuring that they demonstrate how disabled people will access health services that meet their needs • How the Board can meet their responsibilities relating to the government's vision and strategies for people with disabilities. 	<p><i>The DSAC will ensure that disability support needs of the community are reflected in all Auckland and Waitemata DHB strategic planning processes, including the Northern Region's Health Plan and Annual Plans, and to ensure that appropriate processes, including consultation, are followed in preparation of all documents</i></p>
<p>Prioritisation of funding</p> <ul style="list-style-type: none"> • Prioritisation of funding for disability support services based on population needs • Ensure that disability support services provided or funded by (or could be provided or funded by) Auckland and Waitemata DHBs promote the inclusion and participation of disabled people in society, and maximise their independence 	<p><i>The DSAC will ensure that disability support services funded by (or that could be funded by) Auckland and Waitemata DHBs promote the inclusion and participation of disabled people in society, and maximise their independence</i></p>

<p>Service access</p> <ul style="list-style-type: none"> • Access barriers for disabled people to mainstream health services • Improvement opportunities for collaboration and coordination of Auckland Waitemata DHB services provided to people with disabilities. 	<p><i>The DSAC will ensure that disability support services provided by Auckland and Waitemata DHBs meet the needs of people with disabilities, are coordinated with the services of other service providers and that those services are physically accessible.</i></p>
<p>Stakeholder relations</p> <ul style="list-style-type: none"> • The development and maintenance of relationships with disability stakeholders to develop district and regional inter-sectorial collaboration and coordination 	<p><i>The DSAC will ensure that disability support services provided by Auckland and Waitemata DHBs meet the needs of people with disabilities, are coordinated with the services of other service providers and that those services are physically accessible.</i></p>

3. Conclusion

The Terms of Reference for the Disability Support Committee set out the responsibilities and authorities of the Committee. Members should make themselves familiar with these and consider how best the Committee can support the Board and the disability population within the Auckland region.

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARDS'

Disability Support Advisory Committees

Terms of Reference

(Adopted June 2011)

Establishment

The Disability Support Advisory Committees (DiSAC) are established by the boards of the Auckland District Health Board ("ADHB") and Waitemata District Health Board ("WDHB") under section 34 of the New Zealand Public Health and Disability Act 2000 ("Act"). The Boards may amend the terms of reference for the Committees from time to time. While constituted as each Board's separate DiSAC they will meet and act as one committee.

Functions of Committee

The functions of the DiSACs of the ADHB and WDHB are to:

- (a) Give the Boards advice on:
 - The disability support needs of the resident population of ADHB and WDHB
 - Priorities for use of disability support funding provided
- (b) The aim of the Committees' advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of disabled people within ADHB's and WDHB's resident populations:
 - The kinds of disability support services ADHB and WDHB have provided or funded or could provide or fund for those people
 - All policies ADHB and WDHB have adopted or could adopt, and how these policies could impact on persons or groups of people with a disability
- (c) The Committees' advice must not be inconsistent with the New Zealand Disability Strategy.
- (d) The Committees are to ensure that disability support needs of the community are reflected in all ADHB and WDHB strategic planning processes, including the Northern Region's Health Plan and Annual Plans, and to ensure that appropriate processes, including consultation, are followed in preparation of all documents.
- (e) In carrying out their functions the Committees shall also have regard to the Health of Older People Strategy and the New Zealand Positive Ageing Strategy.

Responsibilities

Note 1 Health of Older People

Because it is difficult to distinguish between disability and personal health issues for older people, it is expected that DiSAC will deal with Health of Older People across the full range of issues and services for this age group.

Note 2 Mental Health Services

Mental Health services are dealt with by the Hospital Advisory Committees (DHB provider aspects) and the Community and Public Health Advisory Committees (funder aspects)

- (a) To carry out its functions, the Committees will develop and operate under an explicit philosophy that values diversity and self-determination for people with disabilities.
- (b) In particular, the Committees will review and advise the Boards on:
 - the overall performance of disability support service delivered by or through ADHB and WDHB.
 - the development of strategies and policies related to disability support services, disability issues and health service provision for people with disabilities in the districts having regard to the New Zealand Disability Strategy and the Health of Older People Strategy.
 - assessment of the disability support services' performance against expectation set in the Annual Plans and other relevant accountability documents, documented standards and legislation.
 - issues related to the delivery of mainstream health services accessed by disabled people.
 - the ADHB and WDHB districts' perspective to be contributed to the development and implementation of regional and national policies related to disability issues in the ADHB and WDHB districts.
 - developing and maintaining relationships with disability stakeholders to develop district and regional inter-sectoral collaboration and co-ordination.
 - focusing on the disability support needs of the population and developing principles on which to determine priorities for using disability support funding.
 - ensuring that the Annual Plans demonstrate how disabled people will access health services and how ADHB and WDHB will ensure that the disability support services they provide are co-ordinated with services of other providers to meet the needs of disabled people.

- advise the Boards on how they can effectively meet their responsibilities towards the government's vision and strategies for people with disabilities.
- in accordance with the functions of DHBs:
 - establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement.
 - continue to foster the development of Maori capacity for participating in the health and disability sector and providing for the needs of Maori.
- in accordance with the functions of DHBs:
 - establish and maintain processes to enable Pacific people to participate in, and contribute to, strategies for Pacific health improvement.
 - continue to foster the development of Pacific capacity for participating in the health and disability sector and providing for the needs of Pacific people.
- improving collaboration and coordination of services between the ADHB and WDHB to effectively and efficiently provide for the needs of the populations served.

Relationship with Boards and Management

- (a) The Committees are established by and accountable to the Boards. The Committees' role is advisory only, and unless specifically delegated by a Board from time to time in accordance with clause 39(4) of Schedule 3 of the Act, no decision-making powers are delegated to the Committees.
- (b) The Committees shall receive all material and information for review or consideration through the respective Chief Executive Officers.
- (c) The Committees shall provide advice and make recommendations to the Boards only.
- (d) The Committees are to comply with the standing orders of the ADHB and WDHB based on the model standard standing orders.

Membership

- (a) The membership of the DiSACs will comprise of:
 - Three Board members from ADHB
 - Three Board members from WDHB
 - Six appointed members
- (b) The Chairperson(s) of both ADHB and WDHB will mutually agree upon the appointment of the Chairperson of the DiSACs.

- (c) The Boards will endeavour to appoint, as members of the Committees, persons who together will provide a balance of skills, experience, diversity and knowledge to enable the Committees to carry out their functions.
- (d) The Boards will ensure that the Committee includes representation for Maori in accordance with section 34 of the Act and for Pacific people.
- (e) The Boards will appoint any external appointees as members in accordance with the following process:
 - The Chair and Deputy Chair of each Board together with the respective Chief Executive Officer will evaluate potential members in accordance with the criteria determined by the Boards and make recommendations to the Boards as to the proposed appointments.
 - The Boards will make the final appointments (if any) to the Committees.

Meeting Procedure

- (a) The Committees shall meet in a combined forum quarterly. Meetings shall be conducted in accordance with:
 - The requirements of the Act
 - The Standing Orders of the ADHB and WDHB based on the model standing orders.
- (b) ADHB and WDHB CEOs will ensure adequate provision of management and administrative support to the DSACs' function including attendance of the CEOs and Chief Planning and Funding Officers.
- (c) The venue for the meeting will alternate between an agreed ADHB and WDHB site, with technology (e.g. video or teleconferencing) aiding from remote locations where appropriate.
- (d) The quorum of each meeting shall be, if the total number of members of the Committees is an even number, half that number; but if the total number of members is an odd number, a majority of the members.

DRAFT Disability Support Advisory Committee Work Programme 2017

		21 June 2017	13 September 2017	6 December 2017
STANDING ITEMS	Chairs Report			
	Implementation of the New Zealand Disability Strategy	Implementation of the NZ Disability Strategy 2016-2026	Implementation of the NZ Disability Strategy 2016-2026	Implementation of the NZ Disability Strategy 2016-2026
		NZ Disability Strategy 2016 to 2026: Development of outcomes framework – progress update	NZ Disability Strategy 2016 to 2026: Development of outcomes framework – progress update	NZ Disability Strategy 2016 to 2026: Development of outcomes framework – progress update
INFORMATION PAPERS	Transformation of the New Zealand Disability Support System – briefing paper			Transformation of the New Zealand Disability Support System – progress update
	NZ Disability Support Network Employment Practice Guidelines			NZ Disability Support Network Employment Practice Guidelines – progress update.
	Diversity and Inclusion Regional Plan – briefing paper			Diversity and Inclusion Regional Plan – progress update report
	Disability Data and Evidence Working Group Update – status report			
	Disability Support Services Provided Across Metro-Auckland	Disability Support Services Provided Across Metro-Auckland	Disability Support Services Provided Across Metro-Auckland	
	Ministry of Health Disability Sector Update	Ministry of Health Disability Sector Update	Ministry of Health Disability Sector Update	
	Ministry of Health Guide to Community Engagement with People with Disabilities			
	Healing Environments Design Guide			
	Wayfinding Strategy - Update			

5.3

SAMPLE FUTURE AGENDA

Disability Support Advisory Committee

Agenda

Please note that agenda times are estimates only

- | | | | |
|---------------|------------|--|---|
| 1.30pm | 1. | Attendance and Apologies | |
| | 2. | Register and Conflicts of Interest | |
| | | Does any member have an interest they have not previously disclosed? | |
| | | Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda? | |
| 1.35pm | 3. | Minutes of the Previous Meeting | |
| 1.40pm | 4. | Action Points | |
| 1.50pm | 5. | CHAIR'S REPORT | |
| Time | 6. | STANDING ITEMS | |
| | 6.1 | Implementation of the New Zealand Disability Strategy 2016 to 2026 | |
| | 6.1.1 | Employment (Outcome 2)
<i>[employment opportunities]</i> | |
| | 6.1.2 | Environmental Accessibility (Outcome 5)
<i>[i.e. Facilities reports, Wayfinding project, access standards updates]</i> | |
| | 6.1.3 | Access to Information (Outcome 5)
<i>[access to information websites, digital, communication formats]</i> | |
| | 6.1.4 | Service Access (Outcome 5)
<i>[any barriers, issues, improvements, service coordination with other DHBs and providers etc. initiatives i.e. MOH Service strategy development]</i> | |
| | 6.1.5 | Health and Wellbeing (Outcome 3)
<i>[Activities against the Annual Plan, health outcomes targets]</i> | |
| Time | 7. | INFORMATION PAPERS | |
| | 7.1 | New Zealand Disability Support Network Employment Practice Guidelines | <div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">For example only</p> </div> |
| | 7.2 | Disability Data and Evidence Working Group | |
| | 7.1 | Ministry of Health Disability Sector Update | |
| | 7.1.1 | Ministry of Health Guide to Community Engagement with People with Disabilities | |
| | 7.1.1 | Ministry of Health Guide to Community Engagement with People with Disabilities | |
| Time | 8. | General Business | |

Senior Staff Supporting the Disability Support Advisory Committee

Recommendation

That the Disability Support Advisory Committee:

1. Receives the report.
2. Notes the key roles and responsibilities of the Executive team members supporting the Disability Support Advisory Committee.

Prepared by: Michelle Webb (Committee Secretary)

Endorsed by: Jo Agnew (Chair, Disability Support Advisory Committee)

1. Executive Summary

The following Executive Team members work with the Disability Support Advisory Committee to provide expert advice relating to their key roles and responsibilities, and strategic information and direction on the priorities of the Annual and Strategic Plan.

2. Executive Leadership Team Key Roles and Responsibilities



Dr Debbie Holdsworth
Director of Funding, Auckland & Waitemata DHBs

Key roles and responsibilities:

- Lead funding directorate across both DHBs.
- Ensure funds are allocated effectively and efficiently for health outcome.



Sue Waters
Chief Health Professions Officer

Key roles and responsibilities:

- Professional accountability/leadership.
- Clinical governance.
- Family violence and child protection.
- Disability and rehabilitation.



Fiona Michel
Chief Human Resources Officer

Key roles and responsibilities:

- Developing patient-centric leaders.
- Delivering cultural transformation.
- Providing people & capability services, strategies and systems.

The New Zealand Disability Strategy 2016 to 2026

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the New Zealand Disability Strategy 2016 to 2026.**
2. **Notes that the new Disability Strategy 2016 to 2026 has been launched and replaces the Disability Strategy 2013 to 2016.**
3. **Notes that an Outcomes Framework is currently under development and will be consulted on by the Office of Disability Issues in mid-2017.**
4. **Notes that the Disability Action Plan is being updated to align with the new Disability Strategy 2016 to 2026.**

Prepared by: Jo Agnew (Chair, Disability Support Advisory Committee)

1. Executive Summary

The New Zealand Disability Strategy 2016-2026 was launched by the Minister for Disability Issues Hon Nicky Wagner on 29 November 2016. The strategy will work in conjunction with an Outcomes Framework, which will provide specific targets and indicators.

Development of the Outcomes Framework is in progress and will involve seeking advice from disabled people, the disability sector and other government agencies. The Office for Disability Issues is planning a public consultation on a draft Outcomes Framework in mid-2017. Annual reporting against the Outcomes Framework will be published on the Office for Disability Issues website.

The strategy identifies eight outcome areas:

- Outcome 1 – education
- Outcome 2 – employment and economic security
- Outcome 3 – health and wellbeing
- Outcome 4 – rights protection and justice
- Outcome 5 – accessibility
- Outcome 6 – attitudes
- Outcome 7 – choice and control
- Outcome 8 – leadership.

The Disability Action Plan will be the primary vehicle for implementing the strategy. The Action Plan is being updated to align with the new Disability Strategy. There will be public consultation on the draft Outcomes Framework and the updated Disability Action Plan in mid-2017.

An implementation plan for Auckland and Waitemata DHBs will need to be developed to enable the strategy to be operationalised within the organisation.

New Zealand Disability Strategy 2016–2026

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New Zealand

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Foreword – Minister for Disability Issues

6.1

We have come a long way since the first New Zealand Disability Strategy was agreed in 2001. The aim of the strategy was to eliminate barriers to enable disabled people to reach their potential and participate fully in the community.

The progress that we have made in partnership with disabled people is something that we can all be proud of.

Our journey since 2001 has seen the development of initiatives that will oversee the transformation of the disability support system, an increased focus on supporting disabled people into employment, improvements in inclusive education opportunities for disabled children, and New Zealand Sign Language becoming one of our official languages.

There is much to celebrate.

Together, this work has helped New Zealand take a lead role in the negotiation on the United Nations Convention on the Rights of Persons with Disabilities.

Since ratifying the Convention in 2008, we have established a unique mechanism for independent monitoring, actively considered and responded to recommendations from the Committee on the Rights of Persons with Disabilities, and supported Robert Martin in his successful candidacy for the Committee.

We have reaffirmed our lead role internationally on the rights of disabled people.

The development of the New Zealand Disability Strategy 2016–2026 has given us an opportunity to reflect not just on our progress, but also what we are still learning as a country about disability and how we can keep improving the lives of disabled people.

We must continue to acknowledge and respect the diversity within the disability community and recognise the value it adds to the community.

People can experience disability in different ways depending upon age, gender, ethnicity, impairment and many other factors.

For example, during the consultation to develop this Strategy, disabled adults shared the importance of having a meaningful job and being able to support their families. Disabled children talked about wanting to fit in at school and get out and about with their friends.

Despite what we have learnt and the progress that has been made since 2001, many disabled children and adults still face some barriers that prevent them from reaching their full potential.

If these barriers are not dismantled and removed, then all of us miss out. We will not prosper if disabled people are not able to participate in and contribute to our communities on an equal basis with others.

The United Nations Convention on the Rights of Persons with Disabilities has reinforced that disabled people have the same rights as others. It is about making sure everyone is treated with dignity and respect at all times, and that no one is left behind.

Our government is committed to continuing to improve the lives of disabled people and the New Zealand Disability Strategy will guide the government to achieve this over the next 10 years.

The direction and priorities outlined in the Strategy are based on what disabled people have said is most important to them.

During the two-stage consultation process, more than 1130 people attended the workshops we held throughout the country. We also received around 770 submissions from individuals and organisations via our 'Join the Conversation' website.

It is this strong foundation that gives us confidence in this Strategy guiding the work of government agencies for the next 10 years. After all, disabled people are experts in their own lives.

The Strategy will be critical in ensuring we are all working together towards achieving the same vision. There is much to be done and it is vital that we have a consistent framework from which to make decisions on where to focus our efforts.

We would like to acknowledge and thank members of the New Zealand Disability Strategy Revision Reference Group. Their expertise and advice proved invaluable in shaping this Strategy into something we are very proud of.

We want to thank the disabled people who participated in and supported the consultation to develop the New Zealand Disability Strategy.

You shared your hopes and dreams through this process with honesty and integrity. Your experience matters and your voices have been heard; it has become the foundation upon which this new Strategy has been built.

Finally, thank you to all the families, whānau and others who were involved in this process, particularly when disabled children or adults were not able to speak up for themselves.

We all have roles and responsibilities for achieving the vision of a non-disabling society. The Government will lead by example and we encourage others to join us too.



Hon Nicky Wagner
Minister for Disability Issues

Executive Summary

6.1

The New Zealand Disability Strategy (the Strategy) will guide the work of government agencies on disability issues from 2016 to 2026.

The vision of this Strategy is:

- New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

Three sets of principles and two approaches will help implement the Strategy

The principles and approaches will help make sure the disabled community is visible, acknowledged and respected on an equal basis with others, and that disabled people can live a life with dignity and feel valued.

The three principles are: Te Tiriti o Waitangi, the Convention on the Rights of Persons with Disabilities, and ensuring disabled people are involved in decision-making that impacts them. The two approaches are: Investing in our whole lives – a long-term approach, and Specific and mainstream services – a twin-track approach.

The Strategy identifies eight outcome areas

The outcome areas that will contribute to achieving the vision of the Strategy are:



Outcome 1 – education

We get an excellent education and achieve our potential throughout our lives



Outcome 2 – employment and economic security

We have security in our economic situation and can achieve our full potential



Outcome 3 – health and wellbeing

We have the highest attainable standards of health and wellbeing



Outcome 4 – rights protection and justice

Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system



Outcome 5 – accessibility

We access all places, services and information with ease and dignity



Outcome 6 – attitudes

We are treated with dignity and respect



Outcome 7 – choice and control

We have choice and control over our lives



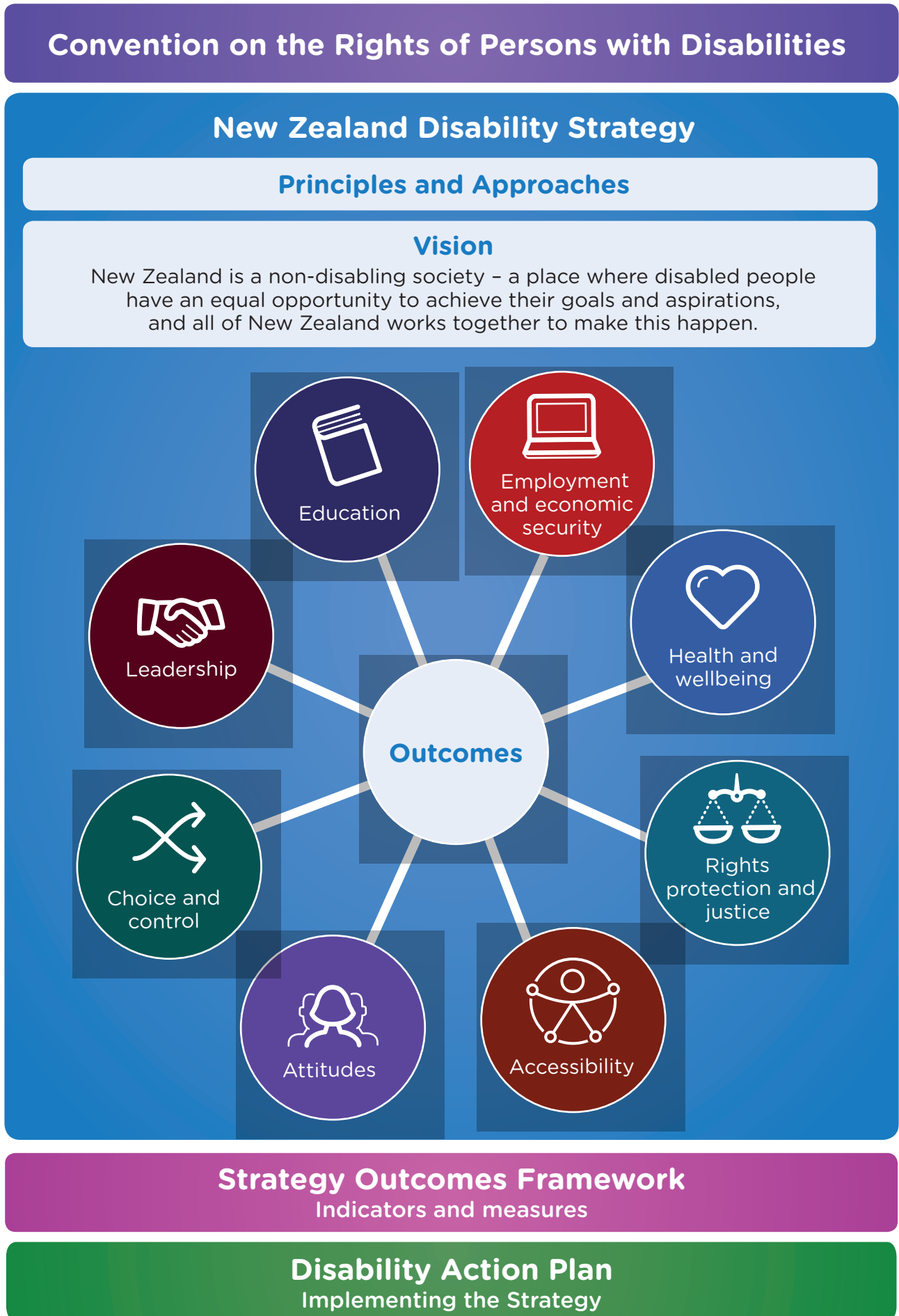
Outcome 8 – leadership

We have great opportunities to demonstrate our leadership.

Targets will be developed, measures will be in place, and actions will be undertaken to implement the Strategy

An Outcomes Framework will be developed in 2017 which will set targets and measures for the Strategy. Annual reporting against the Outcomes Framework will be published on the Office for Disability Issues website. The Disability Action Plan will be the primary vehicle for implementing the Strategy. Figure 1 on the following page outlines the Strategy's framework.

Figure 1 | Disability Strategy Framework



6.1

Our journey – an introduction

**He aha te mea nui o te ao?
He tangata! He tangata! He tangata!**

**What is the most important thing in the world?
It is people! It is people! It is people!**

The New Zealand Disability Strategy – A map to guide our way

The New Zealand Disability Strategy (the Strategy) will guide the work of government agencies on disability issues from 2016 to 2026.

It can also be used by any individual or organisation who wants to learn more about, and make the best decisions on, things that are important to disabled people.

The Strategy realises the rights of disabled people and supports implementation of the United Nations Convention on the Rights of Persons with Disabilities (the Convention) in New Zealand.

The way we look at disability in New Zealand has changed

Since the first New Zealand Disability Strategy was developed in 2001 there has been real progress in the lives of many disabled people and their families and whānau. A significant milestone was the development of the Convention, which New Zealand ratified in 2008.

Disabled children are growing up wanting the same things as non-disabled children and the expectations of disabled adults have changed and grown. There is also a growing recognition that disabled people are experts in their own lives, and ensuring their right to be involved in the decisions that impact on them will lead to better outcomes.

There is still more work to be done

Even though there has been progress since 2001, this revised Strategy is needed because disabled people remain worse off than non-disabled people across all social and economic outcomes.¹ This persistent gap has a flow-on effect. When disabled people are not able to participate in society, the entire country misses out on their contribution.

¹ Statistics New Zealand (2014) Disability Survey: 2013

Written from the perspective of disabled people

The development of this Strategy was supported by the New Zealand Disability Strategy Revision Reference Group, of whom the majority of members identify as disabled people.² It is also based on what disabled people said was most important to them during public consultation in 2016.

In order to remain true to the vision and priorities of the people at the centre of this Strategy, the Who we are, Principles and Approaches and Outcomes sections have been written from the perspective of disabled people.

Some words and terms can be understood by different people in different ways. Wherever possible, an explanation of how a word or term has been used in this Strategy has been included. A Glossary is available on page 49.

² The New Zealand Disability Strategy Revision Reference Group members are listed in Appendix 1 on page 50.

Our vision – where to from here

New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

The Strategy's Vision

A note on terms:

Non-disabling is about removing the barriers in society that disable people with impairments. We consider this to be stronger and more meaningful than 'enabling', which will only help disabled people get around barriers rather than remove them completely.

Who we are – our community

6.1

We are children, young people and adults, we are parents and grandparents. We are also friends, family and whānau. What we want is no different to anyone else in New Zealand; we want to belong, contribute to our families and whānau and participate in our communities.

We are 1.1 million New Zealanders and we represent almost a quarter (24 percent) of New Zealand's population.

What disability means to us

Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same. That is why a non-disabling society is core to the vision of this Strategy.

Every human being is a unique individual. Even if we have the same impairment as someone else, we will experience different opportunities and barriers because of where we live and how we are treated by those around us. The time and context in our lives when we may acquire our impairment(s) also informs what barriers or opportunities we may experience.

This is the social model of disability and it is how we understood disability in the first Strategy in 2001. It still holds true today. It is also the same understanding of disability that is embodied in the Convention. The Convention says that disabled people include:

“...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others...” (Article 1).

The language about disability is really important

There are many words and terms that are used to identify disability. The way these are understood differs and this was apparent during consultation to support the development of this Strategy. For some of us, the term ‘disabled people’ is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals.

For others, the term ‘people with disability’ has the same meaning and is important to those who want to be recognised as a person before their disability.

This Strategy uses the term ‘disabled people’. This is based on advice from the New Zealand Disability Strategy Revision Reference Group and in recognition of the history of the term in the 2001 Strategy. In future, it is possible that our community reaches a consensus on a different way to describe us. If this happens, the language in this Strategy can be changed to reflect this.

Not all members of our community identify with disability-focused language. For example, older people and their families and whānau sometimes think that disability is a normal part of the ageing process. People with invisible impairments such as mental health issues can sometimes identify as part of the mental health community, and not the disability community. Deaf people identify as part of the Deaf community with its own unique language and culture, and do not always identify as being disabled. Most Māori disabled people identify as Māori first. The importance of their cultural identity, which encompasses language, whānau, cultural principles, practices and linkages to the land through genealogy, is paramount to how they live their day to day lives in both Te Ao Māori and Te Ao Pakeha.

It is also important to recognise that Te Reo Māori and New Zealand Sign Language are both official languages of New Zealand. Their place in our society needs to be acknowledged, respected and supported in the implementation of this Strategy.

We know that non-disabled people are sometimes not sure which words or terms to use in order to be respectful. Our advice is to listen to how we refer to ourselves and use the same language. If you are still not sure, then just ask us what language we prefer.

We are part of diversity and we are diverse ourselves

Disabled people are part of the vast and diverse human experience. Just as we accept and respect differences like gender, ethnicity, language or belief, the difference and diversity of disabled people need to be understood, acknowledged and celebrated.

Just like other communities, the disability community has different groups of people who experience life in different ways. We think it is important to acknowledge the diversity of our community, both because we are proud of it and also because we want to make sure that no one is left behind. The Strategy is for all of us.

The points below describe some of the rich diversity within our community:

- Māori are the tangata whenua of New Zealand and as the indigenous people they have a special relationship with the Crown. This relationship is recorded in the founding document of Aotearoa New Zealand, Te Tiriti o Waitangi.
- Addressing the inequality that Māori disabled people face is important; 26 percent of Māori identified as disabled in 2013. When adjusted for age, the Māori disability rate is 32 percent.³ A Māori world view needs to be woven into the implementation of this Strategy. This includes the cultural importance of whānau and a whānau-centred approach which differs from Western concepts of family and disability.
- New Zealand Sign Language (NZSL) is an official language of New Zealand used by some 20,000 New Zealanders⁴, approximately 4,000 of whom are Deaf people who use NZSL as their first or preferred language⁵.
- The demography of our country is changing, and we are increasingly becoming a multicultural society. This is important to the disability community, as people from different ethnic and cultural backgrounds can sometimes understand and experience disability in different ways to others.
- Pacific peoples make up a growing proportion of our country and of the disability community (19 percent of Pacific people identified as disabled in 2013), as do people from Asian backgrounds (13 percent in 2013). Twenty-eight percent of people from Middle Eastern, Latin American and African backgrounds identified as disabled in 2013. Over the coming decades, we will see more cultural and ethnic diversity in the disability community.
- New Zealand has an ageing population which will result over time in an increasing proportion of people experiencing disability. In 2013, 59 percent of people over the age of 65 identified as disabled⁶. Disabled people are also living longer, and there will be an increasing number of people with age-related impairments. This is a global trend and one that is drawing greater attention to disability. Meeting the needs and challenges of our ageing population is a significant issue now, and will continue to be over coming decades.
- Gender norming plays out in the disability community, just like it does in society more generally. Disabled women and girls face different barriers to disabled men and boys.

3 Statistics New Zealand (2015). He hauā Māori: Findings from the 2013 Disability Survey

4 Statistics New Zealand Disability Survey: 2013

5 From Deaf Aotearoa's Deaf Way Report, page 5: <http://deaf.org.nz/resources/deaf-way-report>

6 Statistics New Zealand (2014) Disability Survey: 2013

- Disability and sexuality is also important for our community. Some of our members do not identify as part of the gender binary (male or female) or have a predominant sexual orientation. There can also be an incorrect perception that disabled people do not have sexual needs or desires.
- The international catch-cry of disabled people is ‘nothing about us, without us’. For our disability community in New Zealand, this also includes those of us who find it hard to, or are not able to, speak for ourselves. We are amongst the most vulnerable and marginalised members of our disability community. While there may be different terms used for our group, such as people with ‘intensive support’, or ‘special’ needs, the thing we have in common is that we often rely on other people to support us to make decisions and to communicate.

Our community will change

This is just a snapshot of the rich diversity of the disability community. Because disability is about the way other people treat us, it is a dynamic concept that will continue to evolve as our society changes over time.

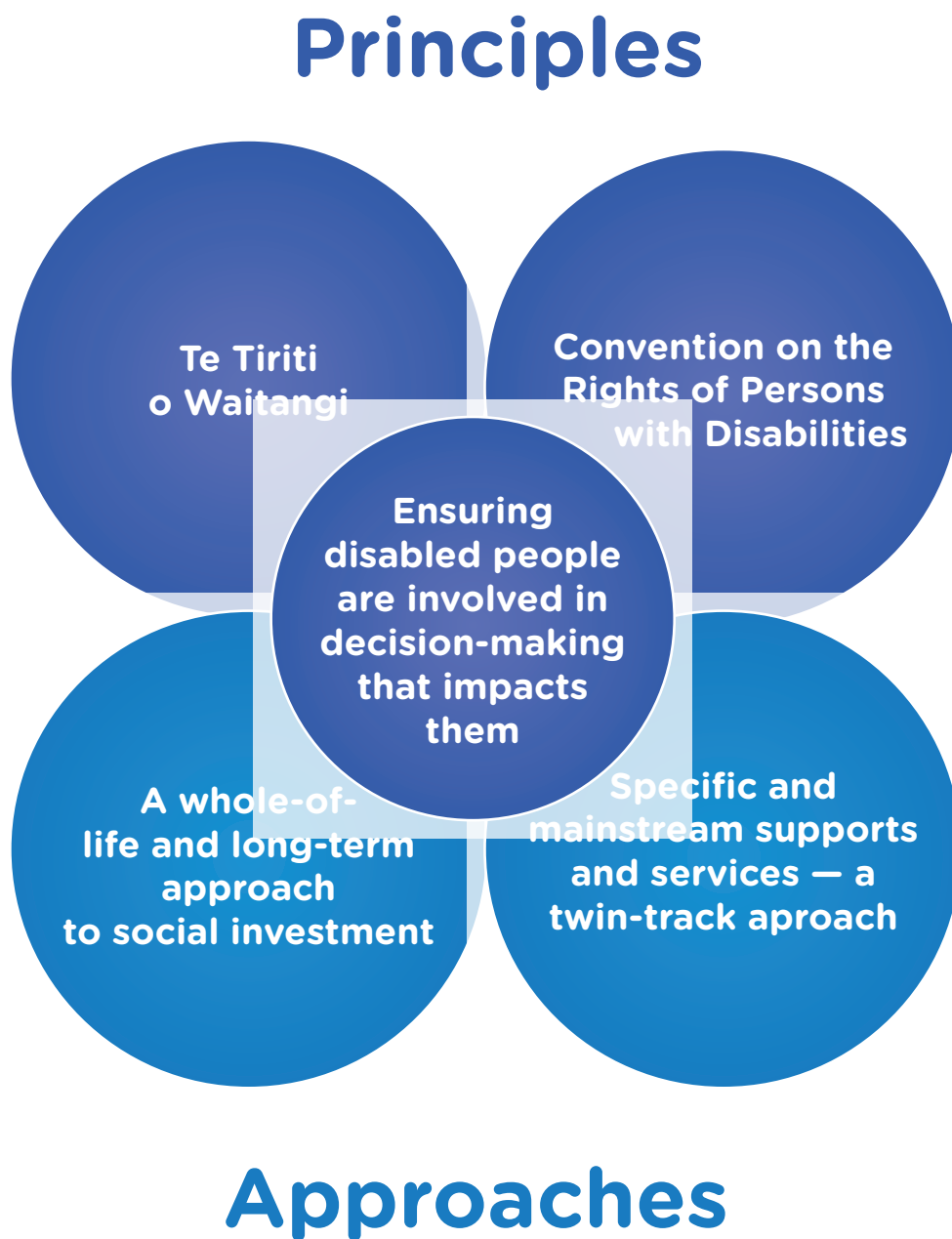
Future economic growth of the country has the potential to be constrained by skill and labour shortages. The low employment rates of disabled people represent a significant loss of potential contribution to New Zealand’s economy.

Disability impacts on many non-disabled people too

Our families, whānau, friends, carers and supporters are an important part of our community. In this way, disability is something that impacts on people without impairments. The disabling society we experience affects them too.

Principles and approaches

Figure 2 | Principles and approaches



The principles and approaches that will be used to implement the Strategy are outlined in this section; they are the ‘how’ to complement the outcomes (which are the ‘what’).

The principles and approaches will help make sure all of our community is visible, acknowledged and respected on an equal basis with others, and that we can live a life with dignity and feel valued.

This section has three sets of principles:

1. Principles of Te Tiriti o Waitangi
2. Principles of the Convention on the Rights of Persons with Disabilities
3. Ensuring disabled people are involved in decision-making that impacts them.

It also has two approaches:

1. Investing in our whole lives – a long-term approach
2. Specific and mainstream services – a twin-track approach.

Figure 2 on the previous page illustrates the connection between the principles and approaches.

Principles

The principles of both Te Tiriti o Waitangi and the Convention will be reflected in the way this Strategy is implemented; they are for everyone and apply to Māori and non-Māori, disabled people and non-disabled people. The principles are a framework for building a positive relationship between disabled people and the Government.

1. Principles of Te Tiriti o Waitangi

The Strategy will be guided by the principles of Te Tiriti o Waitangi as the founding document of our country.

The principles of the Treaty are:

- **Partnership:** Māori and the Crown have a relationship of good faith, mutual respect and understanding, and shared decision-making.
- **Participation:** the Crown and Māori will work together to ensure Māori (including whānau, hapū, iwi and communities) participate at all levels of decision-making. This includes the right to seek opportunities for self-determination and self-management.
- **Protection:** the Crown actively contributes to improving the wellbeing of Māori, including support for independent living and the protection of Māori property and identity, in accordance with Māori values. Māori have the same rights and privileges as other citizens.

2. Principles of the Convention on the Rights of Persons with Disabilities

The principles of the Convention are:

- Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of disabled people as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of disabled children and respect for the right of disabled children to preserve their identities.

3. Ensuring disabled people are involved in decision-making that impacts them

We are experts in our own lives and making sure we are involved in decision-making on issues that impact us leads to better quality results. The Convention also has a specific obligation on this (Article 4.3):

“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations”.

Approaches

1. A whole-of-life and long-term approach to social investment

It is important that both whole-of-life and long-term approaches are considered when social investment decisions are being made by the Government on things that impact on us. This will help ensure that we are more independent, are able to participate as much as we choose to, and that we are able to contribute to our communities and reach our potential.

Such an approach will help ensure that:

- the silos between different supports and services are removed to provide a coordinated approach to enable us to achieve our potential
- we receive the right supports and services throughout our lives. Early and proactive support, particularly after an impairment has been diagnosed or it changes, will help set us up for a better future
- the contribution we make to our families, whānau and communities is recognised across a broad range of areas including economic, community and social participation
- our families, whānau and carers are also able to access the right supports and services in order to help us reach our potential.

Making sure there is the right evidence at the right time to inform investment decisions is critical. All too often we have been invisible because disability has not been counted, recognised or understood, and therefore our needs have not been considered.

Evidence is both quantitative (data) and qualitative (lived experience, or stories, directly from us and those who care for us). We know that both are equally important and need to be valued alike to ensure there is a good understanding of the problem (before deciding on solutions); what interventions work best for us; and to be able to measure results against the outcomes we are seeking.

2. Specific and mainstream supports and services – a twin-track approach

A twin-track approach is about making sure mainstream services and supports are inclusive of, and accessible to, us and that services and supports that are specific to us as disabled people are also available. This approach is not about having to choose between the specific or mainstream option; rather it is about having the right access to the right high quality support or service, at the right time and in the right place.

Some of us do not need any specialised supports or services, whereas some of us do so that we can access mainstream opportunities. Our needs for either or both can change over time too.

Ensuring that mainstream services and supports are inclusive of us requires the provision of reasonable accommodation and incorporation of universal design.

- Reasonable accommodation is defined in the Convention as:
 - “...necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (Article 2).
 - Reasonable accommodation can often cost very little or nothing at all. Because it is specific to a situation, what it looks like in practice can vary significantly.
- Universal design is good design that works for everyone.
 - It is about making sure everything is accessible to, understood by and used to the greatest extent possible by everyone, without adaptation or requiring little adaptation. Incorporating universal design early on is cost-effective.
 - Universal design is often referred to in relation to the built environment, but it applies to services, supports, the curriculum and technologies as well.
 - Universal design is distinct from accessible design. Accessible design represents the minimum accessibility requirements in built design, whereas universal design seeks accessible design outcomes that work for everyone.

A note on terms:

Mainstream refers to services or supports that are not designed to be specific to or only for disabled people. It includes things that are open for everyone to use or participate in (such as public transport) and also things that may still be targeted towards a particular group (such as maternal health services).

Our outcomes - priorities for change

Figure 3 | Interconnections of outcomes



The eight outcomes that will contribute towards achieving the vision of the Strategy are outlined in this section.

Each outcome has two parts to it:

1. A description of what our future looks like – this is an aspirational description of what things should look like for disabled people in the future. This will help make sure that everyone has the same understanding about what the future should look like and that all actions are consistent with this.
2. What this means – this describes at a high level what needs to happen to achieve the aspirational description. It also gives direction to what needs to happen in implementation.
 - For each outcome, the first bullet point states that disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning the outcome area.
 - This language is taken directly from the Convention.

Specific actions to implement the outcomes will be determined through the Disability Action Plan. You can read more about this in the Making it work section from page 40.

All outcomes are interconnected and should not be read in isolation. For example, achieving the employment outcome is dependent upon the education outcome. The outcome on attitudes is also relevant to all other outcomes. Figure 3 on the previous page shows this interconnection.



Outcome 1: education

6.1

We get an excellent education and achieve our potential throughout our lives

What our future looks like

Our learning pathway supports us to develop friendships and social skills, as well as resilience, determination and confidence. It gives us a sense of belonging, builds our identity and language skills and prepares us for life beyond compulsory education.

All local schools and education services (including early childhood, primary secondary, tertiary, kohanga reo and kura kaupapa Māori) are welcoming and provide a great inclusive education for us. We have trained teachers and educators who support and believe in our progress and achievement, and value our contribution to the learning environment.

Education is provided in a way that supports our personal, academic and social development, both in and out of the formal schooling system. This includes making sure that those of us who use different languages (in particular New Zealand Sign Language), and other modes or means of communication, have ready access to them to achieve and progress. Information will be made available at the right time to those who support us, both when we are young or for those of us who need on-going support. This will help us succeed – whatever our individual education pathway may look like.

We are treated with respect and dignity by those around us in the education system, including our peers and those who teach and support us. The love and expertise of our families and whānau and their wish to see us succeed in education will be honoured without question.

As we move on to tertiary and life-long learning, the transition periods are smooth, with the right information and supports available at the right time – particularly when our needs or situations change.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning education, including early childhood, primary, secondary and tertiary education.
- Access to mainstream education is inclusive (including policy, practice and pedagogy).
- Services that are specific to disabled people are high quality, available and accessible.
- Inclusive education is a core competency for all teachers and educators.
- Decision-making on issues regarding education of disabled people is informed by robust data and evidence.





Outcome 2: employment and economic security

6.1

We have security in our economic situation and can achieve our potential

What our future looks like

We take pride in the meaningful paid and voluntary work we do, knowing that we are contributing to our families and whānau, communities and the country as a whole.

We are proportionately represented at all levels of employment, we are self-employed, we own businesses, and we are employers, managers and employees. Career progression is an important part of our working life.

Employers are confident and willing to employ us in meaningful jobs that utilise our strengths and make the best use of what we have to offer. They also have access to on-going support, guidance and tools to help support them in their role as a fair and equitable employer. When we apply for jobs, we do not face any barriers in the application process.

We are treated with respect and dignity by our non-disabled peers and we feel that the work we do is meaningful, valued and real.

Those of us who need specialised supports and services have ready access to them to secure and sustain employment. Reasonable accommodation is understood and provided by our employers. We will have the same opportunities to progress our careers as our non-disabled peers. The additional costs of disability are met, so that we are able to enjoy the same standard of living as other workers.

We have an adequate standard of living that enables us to fully participate in society, where necessary through the provision of income support which takes into account the additional cost of disability. This applies to everyone, including those of us who are not able to work, are retired, are unable to work full-time, or work full-time yet are still unable to afford and maintain an adequate standard of living.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning employment and income support.
- Access to mainstream employment and income support services is barrier-free and inclusive.
- Services that are specific to disabled people are high quality, available and accessible.
- All frontline workers, including case managers and employers, treat disabled people with dignity and respect.
- Decision-making on issues regarding employment and income support of disabled people is informed by robust data and evidence.





Outcome 3: health and wellbeing

6.1

We have the highest attainable standards of health and wellbeing

What our future looks like

Healthcare professionals treat us with dignity and respect. We are seen as individuals and receive appropriate and timely support for all of our health needs, not just those related to our impairment. We do not face barriers accessing mainstream health services because of our impairments, in particular sexual and reproductive health services for disabled women and girls. When we need to, we can access services specific to our impairment (including habilitation, rehabilitation and recovery) in a way that provides early diagnosis and ensures our needs as individuals are taken into consideration.

We have choice and control over all the supports and services we receive, and information about these services is available in formats that are accessible to us. We also have access to information about us. Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time, and those decisions are recognised and respected. We are not secluded within services, and not segregated from or isolated within our communities.

Issues of bio-ethics and bodily integrity are treated with sensitivity, with due regard for our rights and informed consent. This includes making sure our families, whānau and those who support us have the right access to the right information when they are involved in supporting us to make decisions. In the rare circumstances when decisions need to be made on our behalf, these are based on the best interpretation of our will and preference, as opposed to just thinking about what is in our best interests.

Access to high quality peer support enables us to recover from periods of being unwell, and flourish with the confidence that we are not alone.

Our identity as members of other communities, such as Māori or Pacific, will be respected and we will have access to services that are culturally appropriate.

The importance of belonging to and participating in our community to reduce social isolation, and increase our overall wellbeing, is recognised and supported. We get involved in sport, recreation and arts activities, and are recognised and valued for this. Those of us who identify as members of other communities do not face barriers participating in and contributing to cultural activities because of our impairments. We are supported to be healthy and well, and can participate in community activities on an equal basis with others.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning health and wellbeing, including sport, recreation, arts and culture.
- Access to mainstream health services is barrier-free and inclusive.
- Services that are specific to disabled people, including mental health and aged care services, are high quality, available and accessible.
- All health and well-being professionals treat disabled people with dignity and respect.
- Participation in community activities if we choose (for example, sport, recreation, arts and culture), or just being present and belonging to our community is supported and valued.
- Decision-making on issues regarding the health and well-being of disabled people is informed by robust data and evidence.





Outcome 4: rights protection and justice

6.1

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

What our future looks like

We will continue to be treated with fairness and respect at all stages of our journey through the justice system, regardless of whether we are victims, perpetrators, witnesses, or fulfilling a civic duty such as jury service.

Those of us who need services or supports specific to our impairment will receive them, wherever possible, the first time we interact with the justice system. We will continue to receive these supports in a way that does not require us to keep telling our story or risk missing out on something we need, unless our needs change. The people we interact with have a good understanding of any impact our impairment may have on our journey, and take this into account as appropriate.

Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time, and those decisions are recognised and respected. We will continue to be recognised as a person before the law. We feel secure exercising our rights as there are appropriate safeguards in place, even if we need support to make decisions and understand what's happening.

For those of us who end up in the youth or adult justice system, the transition out of it is accompanied by rehabilitation services that recognise and understand our impairment, and help us to find a positive place in society.

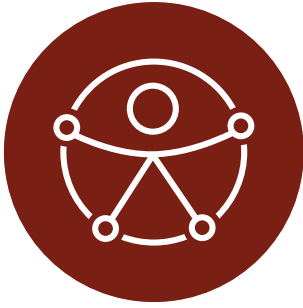
If we feel unsafe, vulnerable to or affected by violence and abuse, we will continue to have access to support that recognises our needs and responds effectively and with sensitivity. We also feel confident in speaking up or complaining if we have been discriminated against or hurt, because we are listened to and our concerns are addressed.

Our needs and rights continue to be taken into account in any prevention and response initiatives. This includes making sure there continue to be safeguards in place for those of us who may be at risk of violence and abuse (for example, caring relationships, community awareness).

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning justice, violence and abuse prevention and human rights.
- The justice sector is barrier-free and inclusive of disabled people with supports and services specific to a person's impairment provided readily when required.
- All justice sector professionals treat disabled people with dignity and respect.
- Supported decision-making will increasingly be recognised and disabled people can use it in practice.
- Decision-making on issues regarding justice, violence and abuse prevention and human rights is informed by robust data and evidence.





Outcome 5: accessibility

6.1

We access all places, services and information with ease and dignity

What our future looks like

We have access to warm, safe and affordable housing that meets our needs and enables us to make choices about where we go to school or work and to fully participate as members of our families, whānau and communities.

We can get from one place to another easily and safely, for example from home to school, work or to a friend's house. We can also access all public buildings, spaces and facilities with dignity and on an equal basis with others.

We feel safe taking public transport to get around and are treated well when we do so. Our needs are also appropriately considered when planning for new transport services. Private transport services are responsive to and inclusive of us. For those of us who need it, there is access to specific transport options that are affordable, readily available and easy to use.

Information and communications are easy for us to access in formats and languages that are right for us, including in our country's official languages of Te Reo Māori and New Zealand Sign Language. This helps us to be independent because we do not have to rely on other people. We use technology on the same basis as everyone else; those of us who need specific technology solutions will have access to these in a way that is innovative, progressive and helps to eliminate barriers. The evolving opportunities presented by new technology helps us to achieve our goals.

Our accessible communities are free of barriers (for example, access to shops, banks, entertainment, churches, parks, and so on), which enables us to participate and contribute on an equal basis with non-disabled people.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning housing (home ownership, social housing and private rentals), transport (public and private), public buildings and spaces and information, communication and technology.
- Universal design is understood, recognised and widely used.
- All professionals involved in accessibility have a good understanding of the principles of universal design and the needs of disabled people and take these into account in their work.
- We enjoy and are fully included in artistic, cultural, sporting and recreation events whether as spectators or as performers.
- Decision-making on issues regarding housing, transport, public buildings and spaces and information, communication and technology are informed by robust data and evidence.





Outcome 6: attitudes

6.1

We are treated with dignity and respect

What our future looks like

Disability is understood and accepted as a part of the diversity of the human experience and we are treated with dignity and respect by those around us and society more broadly.

There is a willingness to explore attitudes towards disability, in particular those that negatively stereotype, stigmatise and discriminate. There is an appetite for seeking out ways to change attitudes and ensure that basic human rights are upheld for all people. These changes are made in a way that is safe and that upholds our views and diverse voices.

We are able to choose how we want to be identified and this is acknowledged and respected by society. This is particularly important for those of us who identify first within, for example, our ethnicity or culture and not with disability.

We will be encouraged to speak out in whatever language we use, and our views will be listened to. This includes those of us who may communicate differently, use technology to communicate, and/or have support to communicate or express our preferences. As a result, we are confident demonstrating the value we bring to our families, whānau, community and the country as a whole.

Our views, either as an individual or as part of a group, will be listened to without being diminished, and society will not seek to take this away, either by accident or design.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning attitude change, stigma and discrimination, in particular where they are specific to disabled people.
- The rich diversity of the disability community will be included and represented in initiatives to change attitudes and behaviours, which will also ensure that disabled people are seen as part of other communities or groups.
- There is a particular focus on making sure all frontline service providers and professionals treat disabled people with dignity and respect.
- Decision-making on issues regarding attitude change, stigma and discrimination, is informed by robust data and evidence.





Outcome 7: choice and control

6.1

We have choice and control over our lives

What our future looks like

When we are young, our families, whānau and carers will be supported to help us grow up. Our views as children and those of our families, whānau and carers will be considered when choices are made about what supports and services we receive and what things work best for us. There will also be respect for the evolving capacities of disabled children, and ensuring their input into decisions that affect them.

As we get older we will make our own choices and decisions on things that affect how we live our lives, including where we live. Some of us may need support some of the time or all of the time. Plans or decisions that affect, or have implications for us, will not be developed without our involvement or consent. We have access to information in ways that help us understand what is happening so that we give consent in an informed way.

Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time and those decisions are recognised and respected. The way this support is provided will be empowering and will help build our confidence. In the rare circumstances when decisions need to be made on our behalf, they are based on the best interpretation of our will and preferences, as opposed to just thinking about what is in our best interests. Needing support does not diminish our independence or our ability to have choice and control over our lives.

We will make informed choices based on what is available, rather than settling for a less desirable option because that is all that is offered to us. We are able to change our mind about our decisions.

Sometimes the decisions we take may expose us to risk. Taking risks is part of the human experience, and it is our right to take risks, learn from our mistakes and live our lives as we see fit. If we need support to understand risks and make decisions, this will be provided in a way that helps us understand all the options and consequences. The times when we are prevented from taking risks will be the exception rather than the rule.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning supports and services that are both specific to them and for the mainstream.
- Those who support disabled people to make choices or decisions will have a good understanding of their role and access to information and support to help them do this in an informed way.
- Decision-making on issues regarding choice and control over supports and services, in particular those specific to disabled people, is informed by robust data and evidence.





Outcome 8: leadership

6.1

We have great opportunities to demonstrate our leadership

What our future looks like

We have opportunities and are supported to be leaders or role models in whatever field or level we may choose. Leadership for us includes doing great things on behalf of our country or at a national level, and also doing everyday ordinary things for ourselves, our families, whānau or communities. For example, we can be leaders in employment, through voluntary work or at a political level, both locally and nationally.

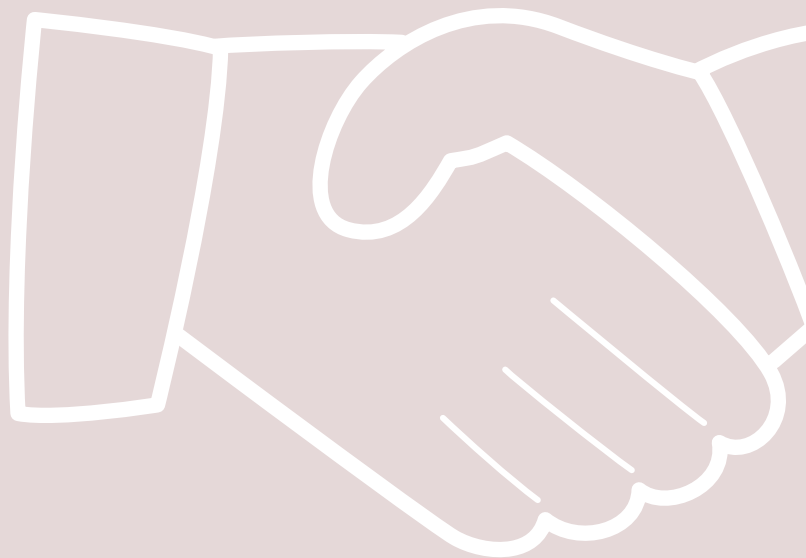
We are on a level playing field with others and are recognised for our skills, talents and leadership potential. We are supported to develop our leadership potential, and take responsibility for the pursuit and achievement of our goals. When we are young or have an emerging leadership role, we are supported and mentored.

When there are discussions and decisions on things that are important to disabled people, we have strong leaders who represent our views around the table. Our experience of disability is recognised as expertise, and we are acknowledged as experts in our own lives. This representation includes the diversity of the disability community, including the groups within our community who often have not had a voice.

When there are non-disabled people in leadership roles that are important to our community, in the public, private and not-for-profit sectors, they will act as our allies and work closely with us. In this way they can use their influence to help break down the barriers that we experience and that disable us.

What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning leadership, in particular where this is specific to them.
- Disabled people are recognised as experts in their own lives.
- People in leadership roles in the public, private and not-for-profit sectors will be supported to see themselves as allies to the disability community. They will work in partnership with disabled people on things that are important to them.
- Decision-making on issues regarding leadership, in particular those specific to disabled people, is informed by robust data and evidence.



Making it work

Figure 4 Governance and Monitoring



This section outlines how the Strategy will be implemented.

It has two parts:

1. Keeping on track with progress
2. Achieving practical action
 - Disability Action Plan
 - Governance
 - Monitoring implementation
 - Convention on the Rights of Persons with Disabilities – making rights a reality
 - Making sure the priorities are right – how consultation will work.

An area of strength for the disability community and sector is that it is diverse, with a range of perspectives. This includes different experiences, areas of expertise and representation (either being representative of a particular group or more formally representing an organisation/group) and advocacy. This is sometimes referred to as wearing many different ‘hats’. We are also recognised as experts in our own lives and making sure we are involved in decision-making on issues that impact on us leads to better quality results.

All of these perspectives are important in different ways for the governance and independent monitoring mechanisms, as well as the consultation processes that will support the effective implementation of this Strategy. These mechanisms and processes should aim to reflect the diversity and the changing nature of the disability community.

Figure 4 on the previous page reflects the governance and monitoring of the Strategy.

Keeping on track with progress

It is a priority for the Government that progress toward implementing the Strategy remains on track. To monitor this, an Outcomes Framework will be developed with public consultation in 2017. The Outcomes Framework will outline how we will monitor progress against the Strategy. The framework will specify:

- the targets and indicators (including for each outcome and the principles and approaches where appropriate)
- where the information comes from
- how often it will be collected
- who is responsible for collecting it
- where proxies are needed and how information gaps will be addressed. (Note: ‘proxy’ or ‘proxies’ means ‘something similar’. Proxy indicators are used when the required data is not available, so a similar indicator is used instead.)

The Outcomes Framework will also help make sure there is continuous learning and improvement prior to a final evaluation of the Strategy in 2026.

Every year, the Minister for Disability Issues will report publicly to Parliament on the progress made to implement the Strategy against the Outcomes Framework. This will meet the requirement for the Minister to report under the New Zealand Public Health and Disability Act 2000. The reports will also be submitted to Cabinet to ensure they inform the development and update of Disability Action Plans.

Achieving practical action

Disability Action Plan

The Disability Action Plan (the Plan) will be the primary vehicle for implementation of this Strategy. Future plans will:

- focus on high priority and significant actions for one or more government agencies (this will help make sure the Plan is manageable and easy to understand)
- present a complete picture of the priorities in implementing the Strategy
- support effective learning across government agencies, particularly in the application of the principles and approaches that are applied throughout the Strategy.

Future Plans will continue to cover a four-year period and they will be updated at the mid-point to ensure priorities remain relevant (that is after two years). Issues like funding or legislation need to be considered in the context of actions in the Plans rather than in this Strategy.

There are other strategies and plans that are also relevant to the Disability Strategy. A description of some of these links can be found on the Office for Disability Issues website.

Governance

As a Government Strategy, decisions on implementation will be made by Cabinet.

These will be informed by the existing governance mechanisms for the Disability Action Plan: the Chief Executives' Group on Disability Issues (and associated Senior Officials Group) and Disabled People's Organisations.

Monitoring implementation

The Independent Monitoring Mechanism (IMM) will help provide an independent perspective on progress toward achieving the outcomes and goals of the Disability Strategy.

The IMM was established by the Government in 2011. It fulfils an obligation for the Government under the Convention to have an independent mechanism to promote, protect and monitor implementation under Article 33 of the Convention. It is made up of the Human Rights Commission, Office of the Ombudsman and the Convention Coalition Monitoring Group (a group of Disabled People's Organisations).

The Strategy is the primary vehicle for progressive realisation of the Convention. Therefore it is appropriate for the IMM to provide an independent perspective on implementation of the Strategy. This will not however, be seen to limit in any way, the IMM's mandate to monitor the Convention.

Convention on the Rights of Persons with Disabilities – making rights a reality

Every four years, the Government reports to and receives Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities. Concluding Observations recognise areas of good progress but also include recommendations on things that need to be improved.

The Concluding Observations will be included as part of the public consultation process to develop and update the Disability Action Plans. Recommendations from the IMM will also be considered as part of this consultation alongside those from the Committee.

Making the Concluding Observations and recommendations an integral part of implementation of the Disability Strategy will help make the rights of disabled people a reality.

Consultation

Every two years there will be public consultation to inform the development or update of the Disability Action Plans. There is a lot that needs to be done to make this Strategy work, and it is important that priorities for action are informed by what disabled people and the community says is most important to them.

The process for public consultation will reflect the diversity of the disability community as well as the principles of Te Tiriti o Waitangi and the Convention (including Articles 4.3).

Making it work – a schedule of implementation

Year	What happens
2016	<ul style="list-style-type: none"> • New Disability Strategy 2016–2026 agreed by Cabinet
2017	<ul style="list-style-type: none"> • Public consultation process to develop the Outcomes Framework for the Strategy • Outcomes Framework for the Strategy agreed by Cabinet • Update of the Disability Action Plan – to align with the new Strategy • Annual report from Minister for Disability Issues, including baseline information against the Outcomes Framework where possible
2018	<ul style="list-style-type: none"> • Government reports to and receives Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities • Government receives recommendations from the Independent Monitoring Mechanism • Annual report from Minister for Disability Issues against Outcomes Framework
2019	<ul style="list-style-type: none"> • Public consultation process to develop new Disability Action Plan (to include recommendations from the United Nations Committee/Independent Monitoring Mechanism) • New Disability Action Plan (2019–2022) agreed by Cabinet • Annual report from Minister for Disability Issues against Outcomes Framework
2020	<ul style="list-style-type: none"> • Annual report from Minister for Disability Issues against Outcomes Framework
2021	<ul style="list-style-type: none"> • Public consultation process for mid-point update of Disability Action Plan • Updated Disability Action Plan to be agreed by Cabinet • Annual report from Minister for Disability Issues against Outcomes Framework

Year	What happens
2022	<ul style="list-style-type: none"> • Government reports to and receives recommendations from the United Nations Committee • Government receives report from the Independent Monitoring Mechanism • Annual report from Minister for Disability Issues against Outcomes Framework
2023	<ul style="list-style-type: none"> • Public consultation process to develop new Disability Action Plan (to include recommendations from the United Nations Committee/Independent Monitoring Mechanism) • New Disability Action Plan (2023–2026) agreed by Cabinet • Annual update report from Minister for Disability Issues against Outcomes Framework
2024	<ul style="list-style-type: none"> • Annual report from Minister for Disability Issues against Disability Outcomes Framework
2025	<ul style="list-style-type: none"> • Public consultation process for mid-point update of Disability Action Plan • Annual report from Minister for Disability Issues against Outcomes Framework
2026	<ul style="list-style-type: none"> • Government reports to and receives recommendations from the United Nations Committee • Government receives report from the Independent Monitoring Mechanism • Evaluation of the Strategy (and Disability Action Plans) • Annual report from Minister for Disability Issues against Outcomes Framework • End of current Disability Strategy 2016–2026. Next steps to be confirmed

Getting it going – who is involved

6.1

Achieving the vision and outcomes of the Strategy will take all New Zealanders working together. With rights there also come responsibilities, for everyone. There are also some key groups who have particular responsibilities under the Strategy. They are:

- **Disabled people, families, whānau, allies and the disability community and sector** – providing input through governance, independent perspectives and public consultation.
- **Cabinet** – responsible for considering regular reports and making decisions on implementation of the Strategy through the Disability Action Plan.
- **Ministerial Committee on Disability Issues** – supports co-ordination of implementation across government.
- **Independent Monitoring Mechanism** – responsible for providing an independent perspective on implementation of the Strategy.
- **Chief Executives’ Group on Disability Issues (and Senior Officials Group) and Disabled People’s Organisations** – responsible for governance and coordination of the Disability Action Plans.
- **Government agencies** – responsible for implementing the Strategy according to the priorities agreed in the Disability Action Plan.
- **All New Zealanders** – breaking down the barriers of a disabling society and supporting implementation of the Strategy.
- **Local Territorial Authorities (City, District and Regional Councils)** – consider their responsibility for disabled people in the space they oversee, in line with the Strategy and the Convention.
- **Private sector, businesses and Non-Governmental Organisations** – ensure their business as usual is inclusive and responsive to disabled people on an equal basis with others.

Glossary

Barrier is something that makes it difficult or impossible for people to do something

Demography is statistics about people, such as age and ethnicity

Disability is something that happens when people with impairments face barriers in society that limit their movements, senses or activities

Disabled people are people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. This is the understanding of disability in the Convention

Enabling is to provide with the ability or means to do something

Equality means that everyone gets the same opportunities

Equity is recognising that sometimes people need different things in order to be equal

Impairment is a problem with the functioning of, or the structure of someone's body

Investing is about spending time, energy or money on something

Mainstream means things including activities, services, supports, attitudes or ideas, that are open to everyone to use or participate in (for more detail of the disability context, see page 21)

Non-disabling is about removing the barriers in society that disable people with impairments

Pedagogy is the theory of teaching

Proxy means something similar.

Reasonable Accommodation is making necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms

Twin-track approach is making sure that mainstream activities and opportunities are inclusive of, and accessible to, all people and that specific activities and opportunities that are required by some people are also made available to those people (for more detail of the disability context, see page 21)

Universal design is good design that works for everyone (for more detail of the disability context, see page 21)

Appendix 1 – The Reference Group

Members of the New Zealand Disability Strategy Revision Reference Group (for further details on each member of the group please refer to the Office for Disability Issues website): www.odi.govt.nz

Colleen Brown MNZM, from Auckland, brings a families perspective.

Robbie Francis, from Hamilton, brings the perspective of young people and lived experience of disability.

Lance Girling-Butcher QSM, from New Plymouth is a nominated Disabled People’s Organisations (DPOs) representative. Lance became blind as an adult.

Peggy Koopman-Boyden CNZM, from Hamilton brings an older person’s perspective from research and personal experience.

Clive Lansink, from Auckland, is a nominated DPOs representative. Clive is blind and is a strong advocate for disabled people speaking for themselves.

Victoria Manning (Co-Chair) MNZM, from Wellington is also the Chair of the NZSL Board. Victoria is Deaf and also brings 20 years’ experience in disability policy.

David Matthews, from Christchurch and Wellington, brings a service provider’s perspective.

Papaalii Seiuli Johnny Siaosi, from Auckland, brings a perspective from mental health and addictions consumers, their families and Pasefika communities.

Dr Martin Sullivan QSO, from Palmerston North, brings his perspective as a disabled person.

Hamish Taverner, from Palmerston North, speaks up for the rights of people with learning disabilities. He brings the perspective of lived experience of this disability.

Jonny Wilkinson, from Whangarei, brings the perspective of a person with lived experience of disability.

Gary Williams MNZM, from Christchurch, is a self-employed disability consultant bringing over 40 years of expertise in the disability sector. Gary also brings a perspective of a Māori disabled person.

Government agencies had two representatives on the group. During the development of the Strategy, these representatives were Brian Coffey (Ministry of Education), Kathy Brightwell (Ministry of Health) and Sacha O’Dea (Ministry of Social Development).

Paul Brown from the Office of the Ombudsman was an observer.

Megan McCoy, Director of the Office for Disability Issues, Co-Chaired the reference group meetings.

Implementation of the New Zealand Disability Strategy 2013 to 2016 – Final Report

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the report.**
2. **Notes that this is the final report on the implementation of the 2013 to 2016 Disability Strategy.**
3. **Notes that reporting on implementation of the new Disability Strategy 2016 to 2026 will commence in June 2017.**

Prepared by: Samantha Dalwood (Disability Advisor Waitemata DHB)

Approved by: Debbie Holdsworth (Director Planning and Funding Auckland and Waitemata DHBs)

Waitemata DHB and Auckland DHB
Implementation of the New Zealand Disability Strategy 2013-2016
Current Status at 1 March 2017





Communication and Information Empowering people through knowledge and understanding

Current Status at 1 March 2017

6.2

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
1. Accessible Communication guidelines developed.	March 2017 – Health Literacy Working Group is in the process of finalising a report, with a number of recommendations that would help Auckland and Waitemata DHBs to ensure they have consistent and robust processes in place to develop and review patient information. This will result in a health literacy tick of approval on approved content. This includes recommendations to ensure the expected audience is identified and that their literacy, accessibility and language needs are considered.
2. Review of Web content and presentation.	March 2017 – ongoing work. Changes will be made as part of the Health Literacy work.
3. Increase formats of key documents, e.g. Strategic Plans.	March 2017 – Changes will be made as part of the Health Literacy work.
4. Review the automated telephone system with regard to access for people with disabilities.	Completed – new telephone system is live. Service level has improved from just over 40 % of calls being answered in 20 seconds to 67.63% in September. Speed of answer down to 25 seconds from over 40 and abandoned calls down to 7.4% which is close to the 5% target.
5. Review the possibility of improved text communication to patients.	October 2016 – Second phase to telephone system is currently delayed pending the completion of the Business Case.
6. Continue the implementation of the Health Passport across both DHBs.	March 2017 – On-going work. Continuing focus on the Health Passport as part of improving health outcomes for people with learning/intellectual disabilities.
7. Work with the Deaf community to improve access to interpreters.	March 2017 – Worked with DHB Interpreting Services to improve booking process for interpreters. The updated WDHB Interpreter Policy contains an additional chapter on NZ Sign Language. Waitemata DHB New Graduate nurses have received a training session on Deaf culture and the importance of interpreters as part of their orientation.



Community and Engagement Working within a family and patient centred framework
Current Status at 1 March 2017

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
8. Ensure a diverse range of disabled people are identified as stakeholders in all projects and service development.	March 2017 – Ongoing work.
9. Engage regularly with the disability sector to develop their capacity to influence decision making and increase DHB responsiveness.	March 2017 – Counties Manukau Health held a listening event on 22 February, inviting disabled people to come and talk about their experiences using health services at Counties Manukau Health. The Disability Advisor is meeting the people leading this work to look at issues raised and how we can work across the three DHBs to improve the experiences of disabled people.
10. Ensure the voice of people with learning/intellectual disabilities, particularly people with high/complex needs, is included in consumer reviews of service planning and development.	March 2017 – ongoing work
11. Continue working with Health Links to increase health literacy through fully accessible patient information.	March 2017 – ongoing work as part of Health Links work and the Health Literacy work.



Employment Opportunities Equal employment opportunities for people with impairments and carers

Current Status at 1 March 2017

6.2

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
12. Encourage the use of supported employment agencies.	March 2017 – A number of roles have been identified at Waitemata DHB and work is underway to find candidates through the Mainstream programme.
13. Review all recruitment and employment policies and make recommendations to improve inclusion and employment opportunities for disabled people, as required.	August 2016 – Waitemata DHB has approved a fund of \$10k as part of the healthy workplaces strategy in 2017/18 for a centralised pool of money to support the employment of disabled people. At the moment, if a department employs a disabled person who needs specific supports these costs come from the department budget. This is potentially a disincentive to employ a disabled person, but once any costs come from a central HR pool, there is a more equal process.
14. Collect data on the number of staff with disabilities (at the time of employment and/or when a disability is acquired).	March 2017 – HR are working with Health Alliance to develop the database to be able to record this data.
15. Work with Hiring Managers to increase disability awareness.	March 2017 –There will be an article in Healthlines (Waitemata DHB staff magazine) on two new staff members who have impairments. The article focuses on the ease of hiring and of settling into their teams and places of work. Key message is, these are qualified people who are in ‘real jobs’ and are adding a huge amount to the work of the DHB.
16. Working with HR to look at how the DHBs support staff with Carer responsibilities.	March 2017 – The updated ‘Good Employer’ policy refers specifically to a willingness to accommodate family and care-giving responsibilities and ensuring that flexible working arrangements will be considered.



Disability Responsiveness Educating staff and challenging stereotypes & assumptions
Current Status at 1 March 2017

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
17. Work with Dieticians to improve the nutritional outcomes for disabled patients.	October 2016 – Waitemata DHB Project completed. On-going work.
18. Develop ‘Disability Champion’ roles across the DHBs.	March 2017 – Barrier Free training for Waitemata DHB Facilities staff will take place in April. Additional ADHB staff will attend, if they have not completed the training previously.
19. Promote the Disability Awareness e-learning module to all staff across the DHBs.	March 2017 – Ongoing work
20. Provide a range of disability awareness training, targeting specific services.	March 2017 – The Disability Advisor is delivering 12 sessions of training to the Auckland Regional Dental Service (ARDS) on understanding Autism and working with children with Autistic Spectrum Disorders.
21. Develop tools to increase staff skills for working with people with communication difficulties.	March 2017 – The Disability Advisor is delivering 12 sessions of training to the Auckland Regional Dental Service (ARDS) on understanding Autism and working with children with Autistic Spectrum Disorders.
22. Ensure public waiting areas, wards and treatment areas meet the needs of a range of impairments, including people with autistic spectrum disorders.	October 2016 – Waitemata 2025 Ideal Ward and hospital design focuses on universal design and access for all. A member of the Steering Group identifies as having Asperger’s Syndrome and is advising on impact of design on people with Autistic Spectrum Disorders.



Physical Access Overcoming a disabling society Current Status at 1 March 2017

6.2

What we will do... actions	Where we are now...current status
23. Encourage the use of symbols and pictograms in signage and way finding.	March 2017 – On-going work. Disability Advisor on the Waitemata DHB Signage and Way-finding Steering Group.
24. ADHB Disability Champions will complete the 2-day Barrier Free Training.	Completed.
25. An accredited Barrier Free Advisor will be involved in all new Facilities work.	March 2017 – Barrier Free training for Waitemata DHB Facilities staff will take place in April. Additional ADHB staff will attend, if not completed the training previously.
26. Adoption of Universal Design principles in all Facilities work.	March 2017 – Ongoing work.
27. Building standards document developed in ADHB.	August 2016 – Auckland DHB have developed a Look and Feel Guideline for public spaces to provide practical guidance in the areas of furniture, lighting, flooring, colour usage and planting, as well as telling the local Iwi story. The principles outlined in this document will help to bring a consistent look and feel to our public spaces, and move away from dysfunctional environments that often result in negative experiences for patients, visitors and staff.
28. A review of accessible toilets in ADHB buildings to be completed.	March 2017 – Ongoing work done as part of ongoing maintenance and new builds.
29. Work with Auckland Transport to improve accessible transport between hospital sites.	March 2017 – more information about public transport is available on both DHB websites.
30. Investigate the reported shortage of wheelchairs available - both numbers and sizes.	Completed.

Update on the New Zealand Disability Strategy 2016-2026

The New Zealand Disability Strategy 2016-2026 was launched on 3 December 2016 – International Day of Disabled Persons.

The Strategy can be found at <https://www.odi.govt.nz/nz-disability-strategy/>

Figure 1 | Disability Strategy Framework



The Strategy identifies eight outcome areas

The outcome areas that will contribute to achieving the vision of the Strategy are:

Outcome 1 – education

We get an excellent education and achieve our potential throughout our lives

Outcome 2 – employment and economic security

We have security in our economic situation and can achieve our full potential

Outcome 3 – health and wellbeing

We have the highest attainable standards of health and wellbeing

Outcome 4 – rights protection and justice

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

Outcome 5 – accessibility

We access all places, services and information with ease and dignity

Outcome 6 – attitudes

We are treated with dignity and respect

Outcome 7 – choice and control

We have choice and control over our lives

Outcome 8 – leadership

We have great opportunities to demonstrate our leadership

Next steps on implementation of the New Zealand Disability Strategy

Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

The Office for Disability Issues is planning a public consultation on a draft Outcomes Framework in mid-2017.

With the launch of the New Zealand Disability Strategy, Waitemata and Auckland DHBs have started work on developing our Implementation Plan. To align with the Disability Strategy, the Implementation Plan will also be 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

From Toni Atkinson

Group Manager, Disability Support Services

Happy New Year to everyone! I hope you are enjoying a better summer than Wellington is. We have settled into our new offices at 133 Molesworth Street (the old building having been refurbished) and are enjoying the new flexible way of working. It is really nice to have all of the Wellington Ministry of Health team together on one site.

We are planning a big year of activity, which includes finalising the strategy work we have undertaken and using the feedback from the strategy workshops and other reviews over the past year (including the DIAS/NASC review and Enabling Good Lives (EGL) evaluations) to plan for further improvements to the disability support system. We hope to be able to provide more detail on this work in the next newsletter.

In the meantime, thank you to everyone in the sector who is working with us on our current work plan and on future system improvements. It is heartening to hear the good stories coming from the sector about how the increased choice and flexibility we have introduced to disability supports is making a difference to peoples' lives. We acknowledge we still have some way to go.

I look forward to working with you over the coming year.

Enabling Good Lives

Christchurch

Joanna Martino, EGL Lead, Ministry of Health

With the end of one school year and the beginning of another, there has been much activity in EGL Christchurch.

Last year, we supported young people leaving school and their families to dream big and work with their independent facilitators as allies in their journeys. Teachers continued to prepare these young people for life after school, and our local NASC, LifeLinks, supported the completion of supported self-assessments and allocation of EGL personal budgets.

Young people and their families have engaged with Manawanui (individualised funding support provider) and, increasingly, Flexible Disability Support providers to arrange hosting and support, enabling them to achieve their desired life outcomes within their budgets. The great stories emerging from our young people reflect their ability to exercise greater choice and control over their funding, as well as the flexibility that providers are embracing. Our independent facilitators keep us all on track through their championing of the EGL principles.

Young people participating in EGL Christchurch are turning work experience into paid work, attending assemblies and enrolling in mainstream training and tertiary education. They are using their budgets to engage with providers, or creating for themselves a lifestyle they've always envisaged. One example is four young men who will start flatting together in April. Their families have engaged the support of a Flexible Disability Support provider to help them achieve this goal, and LifeLinks and the Ministry of Social Development are working together to turn the dream into reality. The collaboration between the families and their dedication to the young men is EGL in action; these participants and their families and others continue to inspire us all.

This year, EGL participants will have an opportunity to attend a 'Meet the Facilitators' event in February. This is a chance for them to ask questions about EGL and independent facilitation and to connect with other families and school leavers. In addition, local providers are arranging a transition expo called 'Next Steps', to be held in the first school holiday, where young people and their families can connect with local providers and other agencies that may support them in their lives after school.

If you have any queries, please contact Joanna Martino on (03) 974 2308 or joanna_martino@moh.govt.nz

Waikato

Chris Potts, Director, EGL Waikato Demonstration

By June this year, the Waikato EGL demonstration will have supported over 236 people. Interest continues to be high; 17 people contacted us in January alone wanting to participate.

The reason for their interest is the feedback they are hearing from both providers and current participants. As people have watched the positive impact EGL has had on other people's lives, it has helped them build up their confidence to give it a go themselves. The demonstration has already reached its maximum participant target numbers.

The key components of the EGL Waikato Demonstration continue to be as follows.

- **Co-design:** Disabled people, families, service providers and officials are committed to co-designing their work programmes as the demonstration has progressed.
- **Tūhono/connector engagement:** Those working in tūhono/connector roles assist participants to think about where they're at, make connections in the community, make their own plans, understand their own budgets and choose their own sources of information and support to work towards their vision of a good life.
- **Building community connections:** The team helps disabled people and their families and whānau to build or extend their connections with the community.
- **Supported self-assessment (SSA) and planning:** These processes help participants and their families and whānau and tūhono/connectors to understand what resources are required to

support individual participants to plan for and live the lives they want. Participants can complete an SSA themselves or receive support from their tūhono/connector to do so.

- Pooled personal budgets: The demonstration links a person-centred funding allocation to an individual participant’s plan and SSA, and that person controls how this is spent to create a good life for themselves. Participants can either self-manage their personal budget or engage with a host to help them do so. The Ministries of Health, Education and Social Development provide the pooled funding package for this system; it has enabled people to develop unique and creative ways to meet their support needs.

The diversity of our participants compares favourably with regional demographics:

Ethnicity	Regional demographic	Demonstration demographic
Pacific	2.9%	5%
Māori	22.9%	34%
Asian	6.9%	6%

In Waikato, a higher proportion of participants live in the more deprived sections of the population than they do nationally. This is evident in many of the situations tūhono/connectors are dealing with: they see that poverty, substandard housing, lack of heating and lack of food are compounding disability issues.

An evaluation team has completed a second evaluation of the demonstration and will release a report this month. The evaluation team, which included disabled evaluators, met with 32 participants to listen to their stories and record measurable outcomes that can be attributed to the demonstration.

Enabling Good Lives Waikato has recently published a short documentary about participant Kylee Black, giving her a platform upon which to share the great difference that EGL has had in her life. In the documentary, Kylee explains the life-changing effect choice and control over her supports has had for her. You can see the video on the EGL website:

www.enablinggoodlives.co.nz

Enabling Good Lives Waikato forums are continuing this year. Last year’s final forum focused on the benefits of planning. A tūhono/connector led a group discussion in which participants described their experiences with formal and more casual planning, and the benefits of both approaches. The group reaffirmed the importance of the forums as a way of connecting to peer support and fostering hope and encouragement. If you are interested in finding out more about any forums, please contact Loren Corbett on 029 201 4780 or

loren.corbetto01@msd.govt.nz

A recent comment from a participant’s mother, Robyn O’Neill, to her daughter Erin’s tūhono/connector sums up the difference the EGL approach is continuing to make.

‘It’s refreshing to know that we have the opportunity and scope to do the best for Erin. It’s great being able to pick and choose our own people and do our own thing. We are able to make plans flexibly, we know what we can afford to pay and we can get people who are appropriately experienced and pay what they are worth. We need to know that there is some connection between us and the rest of the world and that is what you are.’

DSS news

DIAS/NASC review

Chris Petch, Contract Relationship Manager, Ministry of Health

The Sapere Research Group has completed its independent review of the existing disability information advisory service (DIAS) and needs assessment service coordination (NASC) functions on behalf of the Ministry of Health and has submitted its final report, *A Proposed Design and Framework*.

This report will inform the work the Ministry will be undertaking to transform the disability system. It identifies ways in which we can improve the interface between disabled people and support services to better support people to have a good life.

The report will be available shortly on the Ministry's website: www.health.govt.nz

The Ministry would like to thank all stakeholders who participated in this review.

Sector Updates

Oceania Seating Symposium

Seating To Go, a specialist wheelchair and seating assessment, repair and training service, has been asked to host the inaugural Oceania Seating Symposium in conjunction with the International Seating Symposium.

The invitation was accepted by Seating To Go as part of their 20 year anniversary celebration in 2017 and to demonstrate their ongoing commitment to leading best practice in New Zealand. Deb attended the European Seating Symposium (ESS) in Dublin this year and found it extremely beneficial.

During the last quarter, the Symposium has gained traction and international interest. The committee includes Rachael MacDonald (Associate Professor Department of Health and Medical Science, Swinburne University in Melbourne) and Bonnie Sawatzky (Associate Professor Department of Orthopaedics, University of British Columbia), a committee member of the International Seating Symposium, Liz Wackrow (Mobility Solutions NZ) and the New Zealand Chair is Deb Wilson (SeatingToGo NZ).

The symposium will be a combination of keynote, plenary, instructional workshops, paper and poster session. It will be held at the Energy Event Centre in Rotorua from 20-22 November 2017. For more information visit <http://www.oceaniaseatingsymposium.com/>

Recent disability events

Disability Consumer Consortium

Cheryll Graham, Senior Advisor, Ministry of Health

The Disability Consumer Consortium met in October 2016, and held discussions on:

- the Ministry of Health's structure and strategic goals, and DSS's place in that structure and role in achieving the goals
- feedback on developing DSS strategies
- the Ministry's guidelines on preventing abuse, which assist providers and others to safeguard disabled people against abuse, with a core focus on residential services
- the New Zealand Sign Language Board Action Plan, the aims of which include ensuring that information provided to parents of deaf children is timely, relevant and independent
- refreshing the Whāia Te Ao Mārama: The Māori Disability Action Plan
- ways of reducing potential barriers to accessing health screening services (eg, breast screening) for disabled people
- the DIAS/NASC review
- development of a national model of support and core functions for delivering low vision rehabilitation services
- Malatest International's report on a survey of people with disabilities living in Ministry-funded community residential services.

The next consortium meeting will be held in March 2017.

For further information, contact Cheryll Graham on (04) 816 2358 or cheryll_graham@moh.govt.nz or see our website: www.health.govt.nz/our-work/disability-services/sector-and-consumer-partnerships/consumer-consortium

Disability Sector Strategic Reference Group

Barbara Crawford, Manager, Strategy and Contracts, Ministry of Health

The Disability Sector Strategic Reference Group met on 9 December 2016 and discussed:

- projects and strategies that DSS is currently working on, including Faiva Ora – National Pasifika Disability Plan, Behaviour Support Services, DIAS and NASC (Group Manager DSS Toni Atkinson gave brief updates)
- *Purchasing Guidelines for the New Model for Supporting Disabled People*
- DSS strategy development
- feedback received from five hui on the refresh of *Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 to 2017*

- the New Zealand Disability Strategy (Megan McCoy from the Office for Disability Issues gave an update)
- Malatest International's report on a survey of people with disabilities living in Ministry-funded community residential services.

The group will meet again in May 2017.

For further information, contact Barbara Crawford on (04) 816 4384 or barbara_crawford@moh.govt.nz

DSS project updates

Choice in Community Living

Craig Scott, Senior Disability Advisor, Ministry of Health

Choice in Community Living (CiCL) is a DSS-funded service that supports people who would normally be supported in a residential service to instead live independently in a home of their choice in the community.

Choice in Community Living demonstrations continue to run in Auckland and the Waikato. The service is now also being demonstrated in the Hutt and Otago/Southland regions. In each of these new regions, five CiCL providers will deliver services. The presence of Local Area Coordinators in these two new regions may enhance eligible people's opportunities to live independently in their community with the support of their chosen CiCL provider.

Eligibility for CiCL is determined by a disabled person's NASC. People living in the two new regions who may be interested (www.lifeunlimited.net.nz) in CiCL for themselves or a family member should contact Life Unlimited in the Hutt or AccessAbility in Otago/Southland (www.accessability.org.nz).

For further information, contact Craig Scott on (04) 816 3654 or craig_scott@moh.govt.nz

Refresh of Whāia Te Ao Mārama

Barbara Crawford, Manager Strategy and Contracts, Ministry of Health

The refresh of *Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 to 2017* is under way. As part of the process, the Ministry of Health contracted Ngati Kāpo to run five hui with Māori disabled people and their whānau across the country during November 2016.

In addition, at the DSS provider forums in November 2016, workshops were held to obtain the input of DSS providers in this regard.

The Ministry is currently developing the updated plan and will distribute a final draft to hui and workshop attendees for further consultation in March 2017. We look forward to receiving feedback before finalising Whāia Te Ao Mārama 2017 to 2022.

Thank you to all those who participated and provided input and feedback to this process.

For further information, contact Barbara Crawford on (04) 816 4384 or barbara_crawford@moh.govt.nz

Te Ao Mārama meeting

Barbara Crawford, Manager Strategy and Contracts, Ministry of Health

7.1

Te Ao Mārama, the Māori Disability Leadership Group, met in December 2016 to provide DSS with advice and input into the service strategies DSS is currently developing. At this meeting, it also reviewed all the feedback received from the five hui and the DSS provider forums on the refresh of *Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 to 2017*, and provided its advice.

Te Ao Mārama will meet again in March 2017.

For further information, contact Barbara Crawford on (04) 816 4384 or barbara_crawford@moh.govt.nz

Respite strategy – survey feedback

Deborah Mills, Development Manager, Ministry of Health

Disability Support Services ran online surveys in October and November 2016 to inform development of its respite strategy. These surveys have provided us with a rich source of information.

We received 1,268 responses to a survey for disabled people and their families and a further 50 responses to a survey for providers. We were pleased to have achieved good representation across all parts of the country, age groups, ethnicities and disability types. Survey respondents were candid and provided significant insight into the struggles they face in their everyday lives, including in terms of accessing respite.

The key findings of the survey were as follows.

- 62 percent of respondents were satisfied or very satisfied with their current respite options.
- 51 percent of respondents were satisfied with the amount of respite they had been allocated.
- People's ability to use their full respite allocation ranged from 31 percent to 66 percent, depending on the type of respite they had been allocated. The main reason cited for not using respite allocations was inability to find a suitable carer.
- 48 percent of respondents said they would like to access facility-based respite if it was available; 40 percent did not want facility-based respite. The remaining 12 percent already used facility-based respite. Families using facility-based respite reported higher levels of satisfaction with respite services overall, compared with those who were not using facility-based respite.
- Families cited benefits of respite that included having a break to take the pressure off, protecting carers' mental health, enhancing the wellbeing of the family, sustaining the family in the caring role and providing new experiences for the disabled person.

- Families indicated that they wanted access to flexible respite funding (to buy a range of respite options that meet their needs) and help to access respite options.
- Non-contracted, community-based providers are currently running successful activity-based programmes using carer support and individualised funding.

Thank you to everyone who supported our surveys and helped others to access them. The feedback has been very valuable in our draft of the respite strategy.

For further information, contact Deborah Mills on (04) 816 3956 or deborah_mills@moh.govt.nz

Other service strategies

Barbara Crawford, Manager Strategy and Contracts, Ministry of Health

Disability Support Services hosted two workshops in December 2016 to obtain the advice and input of disabled people, disabled people's organisations, families and disability support service providers into developing a strategy for the future of residential support services. One workshop focused on general residential services, and the other focused on better meeting the needs of disabled people with challenging behaviour who live in residential services. We are currently putting together a draft strategy and will circulate it for sector feedback in several months' time.

Work is also occurring on the development of service strategies for purchasing community disability therapy services (currently known as community rehabilitation) and supported living. We will host sector workshops for both of these service strategies during February and March respectively.

The Ministry greatly appreciates the willingness of the disability sector to engage in these important discussions, which will shape the future of service delivery to disabled people.

For further information, contact Barbara Crawford on (04) 816 4384 or barbara_crawford@moh.govt.nz

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